

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Feb-24

System Name: City of Drain	ID#: 41 00260						WTP : TP - A
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
1	off	0.04	0.06	0.04	0.04	0.05	0.15
2	0.05	off	off	off	0.04	off	0.05
3	off	off	off	off	off	off	off
4	off	off	off	off	off	off	off
5	off	0.16	0.04	0.04	0.05	0.04	0.32
6	0.04	off	off	off	off	off	0.04
7	off	off	off	off	off	off	off
8	0.04	0.13	0.05	0.04	0.06	0.04	0.14
9	off	off	off	off	off	off	off
10	off	off	off	off	off	0.04	0.04
11	0.03	0.05	0.04	0.04	0.04	off	0.10
12	off	off	off	off	off	off	off
13	off	off	off	off	off	off	off
14	0.04	0.04	0.04	0.04	off	off	0.13
15	off	off	off	off	0.05	0.04	0.05
16	off	off	off	off	off	off	off
17	0.04	0.04	0.04	0.04	0.04	off	0.05
18	off	off	off	off	off	off	off
19	off	off	off	off	off	0.06	0.07
20	0.04	0.04	0.04	0.04	0.04	off	0.06
21	off	off	off	off	off	off	off
22	off	off	off	off	off	0.04	0.07
23	0.04	off	off	off	off	0.04	0.07
24	0.04	0.05	0.04	off	off	off	0.07
25	off	off	off	off	off	off	off
26	off	off	off	0.05	0.04	0.04	0.07
27	0.04	0.04	0.04	off	off	off	0.06
28	off	off	off	off	off	off	off
29	off	off	off	off	off	off	off

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes: Chlorine, pH and temperature reads are from entry point for days 3,4,6,7,8,10,11,14,19,26. Remaining days from before first customer.	PRINTED NAME: Harold Burriss	
	SIGNATURE: <i>Harold Burriss</i>	DATE: 3-9-24
	PHONE #: (541) 836-7301	CERT #: 5248 FE

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : A

System Name: City of Drain	ID#: 41 00260	Month/Year: Feb-24	Disinfection <i>Giardia</i> Log Inactiv: 1.0
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.4	145	195.8	13.0	8.06	47.9	yes	400
2	0.9	145	136.3	14.0	7.96	41.2	yes	400
3	off	145	#VALUE!	off	off	#VALUE!	off	off
4	off	145	#VALUE!	off	off	#VALUE!	off	off
5	1.2	145	174.0	11.0	8.16	55.7	yes	400
6	off	145	#VALUE!	off	off	#VALUE!	off	off
7	1.0	145	149.4	13.0	7.91	43.7	off	off
8	1.0	145	149.4	11.0	7.99	51.4	yes	400
9	off	145	#VALUE!	off	off	#VALUE!	off	off
10	1.1	145	156.6	11.0	8.73	67.5	yes	400
11	1.2	145	176.9	12.0	8.18	52.5	yes	400
12	0.9	145	OFF	12.0	8.09	OFF	off	off
13	1.0	145	142.1	12.0	8.21	51.7	off	off
14	1.4	145	200.1	11.0	8.49	64.0	yes	400
15	1.2	145	174.0	11.0	8.45	61.8	yes	400
16	1.0	145	150.8	12.0	7.88	46.3	off	off
17	1.3	145	182.7	10.0	7.90	54.6	yes	400
18	1.1	145	161.0	11.0	7.55	44.3	off	off
19	1.1	145	161.0	13.0	7.58	39.1	yes	400
20	1.2	145	OFF	12.0	7.74	45.0	yes	400
21	1.0	145	150.8	13.0	7.96	44.6	off	off
22	0.8	145	121.8	13.0	7.85	41.8	yes	400
23	1.1	145	153.7	13.0	8.05	46.2	yes	400
24	1.2	145	OFF	11.0	7.93	OFF	yes	400
25	1.1	145	158.1	13.0	7.69	40.6	off	off
26	1.4	145	205.9	14.0	7.69	39.4	yes	400
27	1.3	145	194.3	13.0	7.88	44.8	yes	400
28	1.1	145	155.2	12.0	7.71	43.7	yes	400
29	1.1	145	158.1	12.0	7.8	45.4	off	off

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, DWP to be notified by end of next business day.

Revised February 2012