

OHA - Drinking Water Program -Turbidity Monitoring Report Form
Conventional or Direct Filtration

County: **Douglas**
 Month/Year: **Apr-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	0.03	0.03	off	off	off	off	0.05
2	off	off	off	off	off	off	off
3	off	off	off	off	off	off	off
4	off	0.04	0.03	0.03	0.04	0.04	0.05
5	off	off	off	off	off	off	off
6	off	off	off	off	off	off	off
7	0.03	0.03	0.03	0.03	off	off	0.04
8	off	off	off	off	off	off	off
9	off	off	off	off	off	0.03	0.04
10	0.03	0.04	0.03	0.03	0.03	off	0.05
11	off	off	off	off	off	off	off
12	off	off	off	off	off	off	off
13	0.03	0.04	0.03	0.03	off	off	0.05
14	off	off	off	off	off	off	off
15	off	off	off	off	off	off	off
16	0.03	0.03	0.03	0.04	0.04	off	0.06
17	off	off	off	off	off	off	off
18	off	off	off	off	off	off	off
19	0.04	0.03	0.04	0.04	0.04	off	0.08
20	off	off	off	off	off	off	off
21	off	off	off	off	off	0.03	0.05
22	0.04	0.05	0.03	0.04	off	off	0.08
23	off	off	off	off	off	off	off
24	off	off	off	off	off	0.04	0.08
25	0.04	0.04	0.04	off	0.04	off	0.08
26	off	off	off	off	off	off	off
27	off	off	off	off	off	off	off
28	off	off	0.40	0.03	0.03	0.04	0.08
29	0.04	0.04	off	off	off	off	0.08
30	off	off	off	off	off	off	off
31							

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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE ² triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No		

PRINTED NAME: Harold Burris	
SIGNATURE: <i>Harold Burris</i>	DATE: 5-7-24
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: Apr-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	1.21	145	175.5	14.0	7.97	42.7	Yes	400
2	1.15	145	166.8	13.0	7.71	41.2	Yes	400
3	1.08	145	156.6	14.0	7.81	39.6	Yes	400
4	1.26	145	182.7	14.0	7.63	37.9	Yes	400
5	0.99	145	143.6	13.0	7.74	40.9	Yes	400
6	1.05	145	152.3	13.0	7.77	41.6	Yes	400
7	1.54	145	223.3	13.0	7.68	42.5	Yes	400
8	1.04	145	150.8	14.0	7.78	39.0	Yes	400
9	1.07	145	155.2	14.0	7.78	39.2	Yes	400
10	1.16	145	168.2	15.0	7.73	36.4	Yes	400
11	1.14	145	165.3	14.0	7.98	42.5	Yes	400
12	1.20	145	174.0	13.0	7.74	41.9	Yes	400
13	1.30	145	188.5	14.0	7.95	42.8	Yes	400
14	1.16	145	168.2	14.0	8.30	47.9	Yes	400
15	1.05	145	152.3	15.0	7.79	36.7	Yes	400
16	1.04	145	150.8	14.0	8.01	42.5	Yes	400
17	1.13	145	163.9	15.0	8.02	40.3	Yes	400
18	1.01	145	146.5	15.0	8.14	41.6	Yes	400
19	1.23	145	178.4	15.0	8.14	42.6	Yes	400
20	1.19	145	172.6	14.0	8.13	45.2	Yes	400
21	1.05	145	152.3	14.0	7.83	39.8	Yes	400
22	1.15	145	166.8	16.0	8.28	41.6	Yes	400
23	1.06	145	153.7	16.0	8.22	40.3	Yes	400
24	0.81	145	117.5	14.0	7.95	40.5	Yes	400
25	1.18	145	171.1	16.0	7.93	36.7	Yes	400
26	1.21	145	175.5	15.0	8.21	43.6	Yes	400
27	1.11	145	161.0	14.0	8.02	43.0	Yes	400
28	1.46	145	211.7	15.0	7.95	40.8	Yes	400
29	0.92	145	133.4	15.0	8.16	41.5	Yes	400
30	0.98	145	142.1	15.0	8.09	40.7	Yes	400
31		145	0.0	15.0		1.2	Yes	400

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