

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

County: **Douglas**  
 Month/Year: **May-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 <sup>1</sup> [NTU]
1	off	off	off	off	off	off	off
2	0.03	0.04	0.04	off	0.03	off	0.07
3	off	off	off	off	off	off	off
4	off	off	off	off	off	off	off
5	0.03	0.03	off	0.04	0.04	off	0.05
6	off	off	off	off	off	off	off
7	off	off	off	off	off	off	off
8	off	0.04	0.04	0.40	off	off	0.06
9	off	off	off	off	off	off	off
10	off	off	off	off	off	off	off
11	0.05	0.03	0.04	0.04	0.04	off	0.07
12	off	off	off	off	off	off	off
13	off	off	off	off	off	0.04	0.06
14	0.04	0.04	0.04	0.04	off	off	0.05
15	off	off	off	off	off	off	off
16	off	off	off	0.03	0.04	0.04	0.06
17	0.03	0.03	0.03	0.04	0.03	off	0.04
18	off	off	off	off	off	off	off
19	off	off	off	off	off	0.04	0.06
20	0.03	0.03	0.03	0.03	0.04	off	0.05
21	off	off	off	off	off	off	off
22	off	off	off	0.02	0.02	0.02	0.06
23	0.02	off	off	off	off	off	0.04
24	off	off	off	off	off	off	off
25	off	off	0.03	0.03	0.03	0.02	0.04
26	0.02	off	off	off	off	off	0.03
27	off	off	off	off	off	off	off
28	off	0.04	0.02	0.02	0.02	0.02	0.05
29	0.02	0.02	off	off	off	off	0.04
30	off	off	off	off	off	off	off
31	off	off	off	0.03	0.02	0.02	0.04

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 0.3 NTU?	<u>Yes</u> / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 1 NTU?	<u>Yes</u> / No	<u>Yes</u> / No	<u>Yes</u> / No
All turbidity readings < IFE <sup>2</sup> triggers	<u>Yes</u> / No		
		PRINTED NAME: Harold Burris	
		SIGNATURE: <i>Harold Burris</i>	DATE: <i>6-3-24</i>
		PHONE #: ( 541 ) 836-7301	CERT #: 5248 FE

<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Eff. (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: May-24	Disinfection Giardia Log Inactiv:	1.0
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	0.86	145	124.7	14.0	7.82	38.8	yes	400
2	1.17	145	169.7	14.0	8.24	46.9	yes	400
3	1.22	145	176.9	15.0	8.19	43.4	yes	400
4	0.96	145	139.2	15.0	8.07	40.3	yes	400
5	1.10	145	159.5	14.0	7.89	40.9	yes	400
6	1.13	145	163.9	15.0	7.75	36.5	yes	400
7	0.83	145	120.4	15.0	7.96	38.1	yes	400
8	1.39	145	201.6	14.0	7.93	42.9	yes	400
9	0.92	145	133.4	15.0	7.78	36.0	yes	400
10	0.94	145	136.3	14.0	7.73	37.9	yes	400
11	1.19	145	172.6	17.0	7.57	30.1	yes	400
12	0.94	145	136.3	16.0	7.93	35.7	yes	400
13	0.77	145	111.7	16.0	7.83	33.8	yes	400
14	0.98	145	142.1	19.0	8.23	32.8	yes	400
15	0.60	145	87.0	18.0	7.88	29.5	yes	400
16	0.96	145	139.2	20.0	7.87	26.8	yes	400
17	1.03	145	149.4	20.0	7.87	27.0	yes	400
18	0.76	145	110.2	19.0	7.79	27.2	yes	400
19	0.65	145	94.3	19.0	7.81	27.1	yes	400
20	0.67	145	97.2	18.0	7.67	27.5	yes	400
21	0.78	145	113.1	19.0	7.52	24.7	yes	400
22	0.69	145	100.1	17.0	7.52	27.9	yes	400
23	0.82	145	118.9	18.0	7.57	27.0	yes	400
24	0.79	145	114.6	18.0	7.82	29.5	yes	400
25	1.12	145	162.4	18.0	7.62	28.4	yes	400
26	0.80	145	116.0	18.0	7.66	27.8	yes	400
27	0.74	145	107.3	19.0	7.23	22.0	yes	400
28	0.70	145	101.5	19.0	7.75	26.6	yes	400
29	0.81	145	117.5	19.0	7.90	28.5	yes	400
30	0.83	145	120.4	18.0	7.68	28.1	yes	400
31	0.61	145	88.5	18.0	7.86	29.3	yes	400

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, DWP to be notified by end of next business day.

Revised February 2012