

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Douglas  
 Month/Year: Nov-24

Conventional or Direct Filtration

System Name: City of Drain	ID#: 41 00260						WTP : TP - A
Day	OFF	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	OFF	OFF	OFF	0.03	0.03	0.03	0.06
3	0.03	0.04	0.04	OFF	OFF	OFF	0.05
4	OFF	OFF	OFF	OFF	OFF	OFF	OFF
5	OFF	0.03	0.03	0.03	OFF	0.03	0.05
6	0.03	OFF	OFF	OFF	OFF	OFF	0.04
7	OFF	OFF	OFF	OFF	OFF	0.04	0.05
8	0.03	0.04	0.03	0.03	0.03	OFF	0.05
9	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10	OFF	OFF	0.03	0.04	0.03	0.04	0.07
11	0.03	OFF	OFF	OFF	OFF	OFF	0.04
12	OFF	OFF	OFF	OFF	0.04	0.06	0.07
13	0.03	0.03	0.04	0.03	0.06	OFF	0.07
14	OFF	OFF	OFF	OFF	OFF	OFF	OFF
15	OFF	OFF	OFF	0.03	0.03	0.04	0.05
16	0.04	0.04	0.03	OFF	OFF	OFF	0.14
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	OFF	0.04	0.04	0.04	0.03	0.04	0.10
19	0.03	0.03	OFF	OFF	OFF	OFF	0.05
20	OFF	OFF	OFF	OFF	OFF	0.03	0.06
21	0.03	0.03	0.04	0.04	0.03	0.03	0.09
22	0.03	OFF	OFF	OFF	OFF	OFF	0.04
23	OFF	OFF	OFF	0.04	OFF	0.06	0.10
24	0.03	0.03	0.03	OFF	OFF	OFF	0.04
25	OFF	OFF	OFF	OFF	OFF	OFF	OFF
26	OFF	OFF	0.05	0.03	0.05	OFF	0.10
27	OFF	OFF	OFF	OFF	OFF	OFF	OFF
28	OFF	OFF	OFF	0.05	0.07	0.03	0.10
29	0.03	0.03	0.03	OFF	OFF	OFF	0.04
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) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl2 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 <sup>2</sup> triggers <input checked="" type="radio"/> Yes <input type="radio"/> No		

PRINTED NAME: Harold Burris	
SIGNATURE: <i>Harold Burris</i>	DATE: 12-5-24
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 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: Nov-24	Disinfection <i>Giardia</i> Log Inactiv:	1.0
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.87	145	126.2	16.0	7.58	31.1	OFF	OFF
2	1.21	145	175.5	14.0	7.58	37.0	YES	400
3	1.29	145	187.1	15.0	7.47	33.5	YES	400
4	0.75	145	108.8	15.0	7.40	30.7	OFF	OFF
5	0.99	145	143.6	14.0	7.53	35.4	YES	400
6	1.00	145	145.0	14.0	7.60	36.4	YES	400
7	0.69	145	100.1	14.0	7.59	35.0	YES	400
8	1.24	145	179.8	13.0	7.65	40.7	YES	400
9	1.03	145	149.4	14.0	7.82	39.6	OFF	OFF
10	1.34	145	194.3	14.0	7.80	40.7	YES	400
11	1.31	145	190.0	15.0	7.81	38.1	YES	400
12	0.90	145	130.5	15.0	7.72	35.2	YES	400
13	1.20	145	174.0	14.0	7.93	42.0	YES	400
14	0.95	145	137.8	14.0	7.91	40.5	OFF	OFF
15	1.07	145	155.2	14.0	7.85	40.2	YES	400
16	1.17	145	169.7	12.0	7.78	45.3	YES	400
17	1.13	145	163.9	14.0	7.82	40.0	OFF	OFF
18	0.86	145	124.7	13.0	7.83	41.6	YES	400
19	1.20	145	174.0	13.0	7.73	41.7	YES	400
20	0.80	145	116.0	13.0	7.99	43.9	YES	400
21	1.30	145	188.5	12.0	7.84	47.0	YES	400
22	1.07	145	155.2	13.0	7.87	43.3	YES	400
23	0.80	145	116.0	14.0	7.84	38.8	YES	400
24	1.07	145	155.2	13.0	7.76	41.5	YES	400
25	0.66	145	95.7	14.0	7.63	35.4	OFF	OFF
26	1.13	145	163.9	13.0	7.88	43.7	YES	400
27	0.85	145	123.3	13.0	7.88	42.4	OFF	OFF
28	0.79	145	114.6	13.0	7.85	41.6	YES	400
29	1.04	145	150.8	11.0	7.82	48.4	YES	400
30	0.85	145	123.3	13.0	7.76	40.5	OFF	OFF

<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