OHA - Drinking Water Program -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Douglas

Month/Year: Jul-25

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	0.01	OFF	0.01	0.01	OFF	OFF	0.05
2	OFF	OFF	OFF	OFF	OFF	0.02	0.04
3	OFF	0.01	0.01	OFF	OFF	OFF	0.04
4	OFF	OFF	OFF	OFF	OFF	0.01	0.04
5	0.01	0.01	0.01	OFF	OFF	OFF	0.02
6	OFF	OFF	OFF	OFF	OFF	0.01	0.08
7	0.01	0.02	0.01	0.01	OFF	OFF	0.04
8	OFF	OFF	OFF	OFF	0.01	0.01	0.04
9	OFF	0.01	0.01	OFF	OFF	OFF	0.04
10	OFF	OFF	OFF	OFF	OFF	0.03	0.05
11	0.04	0.03	0.03	0.03	OFF	OFF	0.04
12	OFF	OFF	OFF	OFF	0.03	OFF	0.05
13	0.02	0.03	0.03	0.03	OFF	OFF	0.05
14	OFF	OFF	OFF	OFF	OFF	0.03	0.05
15	0.03	0.04	0.03	0.03	0.03	OFF	0.06
16	OFF	OFF	OFF	OFF	OFF	0.03	0.05
17	OFF	0.03	0.03	0.03	OFF	OFF	0.05
18	OFF	OFF	OFF	OFF	0.03	0.03	0.06
19	0.03	0.03	0.03	0.02	OFF	OFF	0.04
20	OFF	OFF	OFF	OFF	OFF	0.04	0.04
21	0.02	0.02	0.02	0.02	OFF	OFF	0.04
22	OFF	OFF	OFF	OFF	OFF	0.03	0.04
23	0.03	0.03	0.02	0.03	OFF	OFF	0.05
24	OFF	OFF	OFF	OFF	OFF	0.03	0.05
25	0.03	0.03	0.02	0.02	OFF	OFF	0.04
26	OFF	OFF	OFF	OFF	0.03	0.03	0.05
27	0.03	0.03	0.03	OFF	OFF	OFF	0.04
28	OFF	OFF	OFF	OFF	OFF	0.03	0.06
29	0.03	0.03	0.03	0.03	OFF	OFF	0.07
30	OFF	OFF	OFF	OFF	0.03	0.03	0.06
31	0.03	0.02	0.03	OFF	OFF	OFF	0.05

Conventional or Direct Filtration

95% of daily turbidity readings ≤ 0.3 NTU? (Yes) No

All daily turbidity readings ≤ 1 NTU? (Yes) No

All turbidity readings < IFE[2] triggers (Yes) No

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) (Yes) No

All Cl2 residual at entry point ≥ 0.2 mg/l? (Yes) No

PRINTED NAME: Harold Burris

SIGNATURE: Harold Burris DATE: 8-5-25

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:	Jul-25	Disinfection *Giardia* Log Inactiv:	1.0

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	0.91	130	118.3	23.0	7.84	21.5	YES	450
2	0.80	130	104.0	22.0	7.73	21.8	YES	450
3	0.93	130	120.9	23.0	7.83	21.5	YES	450
4	0.61	130	79.3	22.0	7.62	20.5	YES	450
5	0.71	130	92.3	22.0	7.80	22.2	YES	450
6	0.55	130	71.5	22.0	7.62	20.4	YES	450
7	0.79	130	102.7	22.0	7.75	22.0	YES	450
8	0.63	130	81.9	23.0	7.78	20.4	YES	450
9	1.07	130	139.1	23.0	7.70	20.8	YES	450
10	0.72	130	93.6	23.0	7.70	20.0	YES	450
11	1.04	130	135.2	24.0	7.85	20.5	YES	450
12	0.76	130	98.8	23.0	7.68	19.9	YES	450
13	0.97	130	126.1	25.0	7.62	17.4	YES	450
14	0.60	130	78.0	25.0	7.69	17.2	YES	450
15	0.79	130	102.7	24.0	7.66	18.6	YES	450
16	0.72	130	93.6	24.0	7.73	18.9	YES	450
17	0.99	130	128.7	24.0	7.75	19.6	YES	450
18	0.74	130	96.2	24.0	7.78	19.3	YES	450
19	1.20	130	156.0	24.0	7.81	20.6	YES	450
20	0.70	130	91.0	24.0	7.65	18.3	YES	450
21	0.70	130	91.0	23.0	7.92	21.7	YES	450
22	0.66	130	85.8	23.0	7.71	19.9	YES	450
23	1.00	130	130.0	23.0	7.74	21.0	YES	450
24	0.65	130	84.5	23.0	7.70	19.8	YES	450
25	1.05	130	136.5	23.0	7.73	21.0	YES	450
26	0.64	130	83.2	26.0	7.76	16.5	YES	450
27	0.78	130	101.4	23.0	7.68	20.0	YES	450
28	0.66	130	85.8	24.0	7.77	19.1	YES	450
29	1.06	130	137.8	23.0	7.81	21.7	YES	450
30	0.61	130	79.3	23.0	7.82	20.7	YES	450
31	1.00	130	130.0	23.0	7.81	21.5	YES	450

[3] If Cl_2 at entry point < 0.2 mg/l or CT not met, DWP to be notified by end of next business day.

Revised February 2012