OHA - Drinking Water Program -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Douglas

Month/Year: Nov. 2025

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	OFF	OFF	OFF	OFF	OFF	OFF
2	OFF	OFF	OFF	OFF	0.03	0.03	0.07
3	0.03	0.03	0.03	OFF	OFF	OFF	0.04
4	OFF	OFF	OFF	OFF	OFF	OFF	OFF
5	OFF	OFF	OFF	OFF	OFF	OFF	OFF
6	OFF	OFF	OFF	0.03	0.03	0.03	0.07
7	0.03	0.03	OFF	OFF	OFF	OFF	0.04
8	OFF	OFF	OFF	OFF	OFF	OFF	OFF
9	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10	OFF	OFF	OFF	OFF	0.04	0.03	0.09
11	0.03	0.03	0.04	0.03	0.03	OFF	0.07
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF
13	OFF	OFF	OFF	OFF	0.04	0.03	0.07
14	0.04	0.04	0.03	0.03	OFF	OFF	0.07
15	OFF	OFF	OFF	OFF	OFF	OFF	OFF
16	OFF	OFF	OFF	OFF	OFF	OFF	OFF
17	OFF	OFF	OFF	OFF	0.04	0.04	0.08
18	0.03	0.03	0.03	OFF	OFF	OFF	0.07
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF
20	OFF	OFF	OFF	OFF	OFF	OFF	OFF
21	OFF	OFF	OFF	0.03	0.04	0.03	0.06
22	0.03	OFF	OFF	OFF	OFF	OFF	0.04
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF
25	OFF	OFF	OFF	OFF	0.03	0.03	0.07
26	OFF	0.03	0.03	OFF	0.03	OFF	0.22
27	OFF	OFF	OFF	OFF	OFF	OFF	OFF
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30	OFF	OFF	OFF	0.03	0.03	0.03	0.06

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:** 12-5-25

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:** Nov-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	0.71	130	92.3	15.0	7.81	35.6	YES	OFF
2	0.83	130	107.9	17.0	7.75	30.9	YES	450
3	1.23	130	159.9	15.0	7.71	36.4	YES	450
4	0.73	130	94.9	14.0	7.76	37.4	YES	OFF
5	0.83	130	107.9	15.0	7.77	35.5	YES	OFF
6	1.27	130	165.1	14.0	7.78	40.1	YES	450
7	0.98	130	127.4	14.0	7.74	38.2	YES	450
8	0.96	130	124.8	15.0	7.89	37.7	YES	OFF
9	0.64	130	83.2	15.0	7.80	35.2	YES	OFF
10	0.81	130	105.3	15.0	7.79	35.7	YES	450
11	1.20	130	156.0	14.0	7.77	39.6	YES	450
12	1.04	130	135.2	14.0	7.65	37.2	YES	OFF
13	0.78	130	101.4	15.0	7.62	33.4	YES	450
14	1.18	130	153.4	14.0	7.64	37.7	YES	450
15	0.90	130	117.0	14.0	7.74	37.9	YES	OFF
16	0.94	130	122.2	15.0	7.65	34.4	YES	OFF
17	0.78	130	101.4	15.0	7.61	33.3	YES	450
18	1.20	130	156.0	15.0	7.65	35.5	YES	450
19	0.88	130	114.4	14.0	7.62	36.1	YES	OFF
20	0.86	130	111.8	15.0	7.57	33.1	YES	OFF
21	1.17	130	152.1	12.0	7.67	43.6	OFF	450
22	0.84	130	109.2	13.0	7.55	37.5	YES	450
23	1.08	130	140.4	14.0	7.53	35.8	YES	OFF
24	0.90	130	117.0	14.0	7.58	35.7	YES	OFF
25	0.72	130	93.6	13.0	7.57	37.2	YES	450
26	0.86	130	111.8	12.0	7.61	41.2	YES	450
27	1.22	130	158.6	12.0	7.70	44.3	YES	OFF
28	1.04	130	135.2	13.0	7.67	40.1	OFF	OFF
29	1.00	130	130.0	13.0	7.68	40.0	YES	OFF
30	0.91	130	118.3	13.0	7.72	40.2	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