

OHA - Drinking Water Program -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Mar-26

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	0.04	0.11	0.04	0.09	0.04	0.07	0.21
2	0.04	0.06	0.04	0.06	OFF	OFF	0.19
3	OFF	OFF	OFF	OFF	OFF	OFF	OFF
4	OFF	OFF	OFF	OFF	OFF	0.04	0.06
5	0.11	0.04	0.05	0.07	0.04	0.10	0.17
6	0.04	0.07	0.03	OFF	OFF	OFF	0.09
7	OFF	OFF	OFF	OFF	0.07	0.03	0.12
8	OFF	0.03	0.05	0.03	0.04	0.03	0.12
9	0.04	0.03	0.03	OFF	OFF	OFF	0.09
10	OFF	OFF	OFF	OFF	OFF	OFF	0.13
11	0.03	0.04	0.03	0.04	0.08	0.03	0.09
12	0.04	0.03	0.05	OFF	OFF	OFF	0.09
13	OFF	OFF	OFF	OFF	0.08	0.03	0.11
14	OFF	0.03	0.05	0.03	0.03	0.17	0.20
15	0.03	0.03	OFF	OFF	OFF	OFF	0.05
16	OFF	OFF	OFF	OFF	OFF	OFF	OFF
17	OFF	0.03	0.03	0.02	0.04	0.02	0.24
18	0.02	0.03	0.02	0.03	0.03	OFF	0.23
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF
20	OFF	OFF	OFF	0.03	0.04	0.04	0.18
21	0.03	0.04	OFF	OFF	OFF	OFF	0.07
22	OFF	OFF	OFF	OFF	OFF	OFF	OFF
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF
24	OFF	0.03	0.04	0.03	0.03	0.04	0.08
25	OFF	OFF	OFF	OFF	OFF	OFF	OFF
26	OFF	OFF	OFF	OFF	OFF	OFF	OFF
27	OFF	OFF	OFF	OFF	0.03	0.03	0.04
28	0.04	0.03	0.03	OFF	OFF	OFF	0.07
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF
31	OFF	OFF	0.03	0.07	OFF	0.05	0.08

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No
All daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes / No		
PRINTED NAME: Harold Burris		DATE: 04-06-26
SIGNATURE: <i>Harold Burris</i>		CERT #: 5248 FE
PHONE #: (541) 836-7301		

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 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: Mar-26	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	1.13	145	163.9	13.0	7.84	43.1	YES	400
2	1.37	145	198.7	12.0	7.93	48.9	YES	400
3	1.13	145	163.9	12.0	7.83	45.9	OFF	0
4	1.10	145	159.5	13.0	7.88	43.6	YES	400
5	1.24	145	179.8	13.0	7.74	42.0	YES	400
6	1.23	145	178.4	13.0	7.54	39.0	YES	400
7	1.41	145	204.5	12.0	7.71	45.4	YES	400
8	1.31	145	190.0	12.0	7.67	44.3	YES	400
9	1.43	145	207.4	13.0	7.69	42.2	YES	400
10	1.11	145	161.0	12.0	7.51	40.9	YES	400
11	1.24	145	179.8	12.0	7.62	43.2	YES	400
12	1.24	145	179.8	13.0	7.60	39.9	YES	400
13	1.10	145	159.5	13.0	7.38	36.2	YES	400
14	1.36	145	197.2	12.0	7.71	45.2	YES	400
15	1.25	145	181.3	13.0	7.77	42.6	YES	400
16	1.09	145	158.1	13.0	7.76	41.6	OFF	0
17	1.07	145	155.2	13.0	7.69	40.5	YES	400
18	1.12	145	162.4	13.0	7.83	42.9	YES	400
19	1.68	145	243.6	12.0	7.57	44.6	OFF	0
20	1.65	145	239.3	12.0	7.65	45.7	YES	400
21	1.27	145	184.2	13.0	7.79	43.0	YES	400
22	1.03	145	149.4	13.0	7.64	39.6	OFF	0
23	0.78	145	113.1	14.0	7.63	35.9	OFF	0
24	1.08	145	156.6	14.0	8.19	45.6	YES	400
25	0.81	145	117.5	13.0	8.05	44.9	OFF	0
26	1.09	145	158.1	13.0	7.87	43.4	OFF	0
27	0.97	145	140.7	13.0	7.91	43.4	YES	400
28	1.39	145	201.6	12.0	7.84	47.5	YES	400
29	1.24	145	179.8	13.0	7.94	45.3	OFF	0
30	1.08	145	156.6	13.0	7.93	44.3	OFF	0
31	1.39	145	201.6	13.0	7.92	45.7	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