

**OHA - Drinking Water Program - Surface Water Quality Data Form**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

County: **Linn**  
 Month/Year: **2/2024**  
 Membrane

System Name: Lebanon, City of	ID#: 41-00473						Highest Reading of the day <sup>1</sup> [NTU]
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	
1	0.013	0.013	0.014	OFF	OFF	OFF	0.029
2	OFF	OFF	OFF	OFF	OFF	0.020	0.042
3	0.020	0.018	0.012	0.018	0.018	0.018	0.022
4	0.012	0.018	0.018	0.018	0.013	0.018	0.019
5	0.018	0.014	OFF	OFF	OFF	OFF	0.046
6	OFF	OFF	OFF	0.023	0.013	0.013	0.054
7	0.013	0.012	0.012	0.013	0.013	0.013	0.019
8	OFF	OFF	0.013	0.012	0.012	OFF	0.031
9	OFF	OFF	OFF	OFF	OFF	0.012	0.042
10	0.015	0.014	0.012	0.012	0.013	0.013	0.072
11	0.013	OFF	OFF	OFF	OFF	OFF	0.042
12	OFF	OFF	OFF	OFF	0.014	0.013	0.021
13	0.014	0.014	0.012	0.012	0.020	OFF	0.045
14	OFF	OFF	0.014	0.014	0.013	OFF	0.049
15	OFF	OFF	0.013	0.012	0.014	OFF	0.043
16	OFF	OFF	OFF	OFF	0.013	0.012	0.067
17	0.013	0.012	0.012	0.039	0.014	0.014	0.039
18	0.014	0.014	OFF	OFF	OFF	OFF	0.031
19	OFF	OFF	0.068	0.020	0.013	0.013	0.068
20	0.012	0.013	0.013	0.013	OFF	OFF	0.022
21	OFF	OFF	0.014	0.018	0.014	OFF	0.033
22	OFF	OFF	0.014	0.014	0.014	OFF	0.076
23	OFF	OFF	OFF	OFF	0.016	0.014	0.017
24	0.014	0.014	0.014	0.014	0.014	0.014	0.031
25	0.014	OFF	OFF	OFF	OFF	OFF	0.016
26	OFF	OFF	0.016	0.014	0.014	OFF	0.052
27	OFF	OFF	0.014	0.014	0.016	OFF	0.040
28	OFF	OFF	0.014	0.014	0.014	OFF	0.039
29	OFF	OFF	0.014	0.014	0.014	OFF	0.047

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings $\leq$ 1 NTU? <sup>2</sup> <input checked="" type="checkbox"/> Yes / No	CT's met everyday? <input checked="" type="checkbox"/> Yes / No	All Cl <sub>2</sub> residual at entry point $\geq$ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
All daily turbidity readings $\leq$ 5 NTU? <input checked="" type="checkbox"/> Yes / No		
Notes: OFF = PLANT OFF	PRINTED NAME: <i>Tyson Keen</i>	
	SIGNATURE: <i>[Signature]</i>	DATE: 3-1-24
	PHONE #: 541-990-1254	CERT #: T09109

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM correspond to continuous readings' maximum. <sup>2</sup> Filtered systems only.

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP: WTP-B

Disinfection  
Giardia Log  
Inactive: 0.5

System Name: Lebanon, CITY OF

ID#: 41-00473

Month/Year: 2/2024

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]
2/1/2024 7:40	0.9	83	75	9	7.8	27	Yes	2405
2/2/2024 21:22	0.7	83	62	10	7.9	26	Yes	2650
2/3/2024 10:47	0.8	83	66	9	7.8	27	Yes	2660
2/4/2024 1:27	0.8	72	58	8	7.8	28	Yes	2637
2/5/2024 2:12	0.8	81	64	8	7.9	29	Yes	2629
2/6/2024 11:55	0.8	65	50	9	7.9	27	Yes	3134
2/7/2024 13:50	0.9	73	64	8	7.9	30	Yes	2984
2/8/2024 7:45	0.8	80	68	9	7.9	28	Yes	3141
2/9/2024 19:02	0.8	92	73	9	7.8	27	Yes	2393
2/10/2024 3:25	0.8	65	55	8	7.8	28	Yes	3124
2/11/2024 0:35	0.9	74	68	8	7.8	29	Yes	3063
2/12/2024 16:30	0.8	66	50	9	7.7	25	Yes	3077
2/13/2024 14:17	0.9	67	58	8	7.6	27	Yes	3111
2/14/2024	0.9	87	80	9	7.7	26	Yes	2597
2/15/2024	0.8	69	54	9	7.7	27	Yes	3077
2/16/2024	0.9	74	63	9	7.7	26	Yes	3023
2/17/2024	0.9	65	56	8	7.7	27	Yes	3173
2/18/2024	0.9	131	113	8	7.7	28	Yes	1537
2/19/2024	0.8	63	49	9	7.7	25	Yes	3127
2/20/2024	0.9	71	63	9	7.7	26	Yes	3107
2/21/2024	0.7	75	52	10	7.8	25	Yes	3079
2/22/2024	0.6	78	49	10	7.7	23	Yes	3175
2/23/2024	0.8	75	61	10	7.7	24	Yes	3030
2/24/2024	0.8	68	56	10	7.8	25	Yes	3119
2/25/2024	0.8	141	115	10	7.8	26	Yes	1671
2/26/2024	0.6	63	39	11	7.7	23	Yes	3258
2/27/2024	0.6	73	47	10	7.9	26	Yes	3222
2/28/2024	0.9	69	61	9	8.0	29	Yes	3239
2/29/2024	0.9	71	66	9	7.9	27	Yes	3172

<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







