

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lane

Conventional or Direct Filtration

Month/Year: Jan-21

System Name:	Lowell, City Of		ID#: 4100492		WTP : WTP - B		
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	0.04	0.04	0.04	0.04	0.03	0.03	0.04
2							
3							
4			0.06	0.03	0.03	0.03	0.06
5	0.04	0.03	0.04	0.03	0.04	0.03	0.04
6	0.04			0.06	0.07	0.04	0.07
7	0.04	0.03	0.03	0.03	0.03	0.03	0.08
8					0.04	0.03	0.08
9	0.03			0.03	0.03	0.03	0.04
10				0.07			0.08
11				0.05	0.04	0.03	0.09
12	0.03	0.04	0.03	0.03	0.00	0.03	0.04
13				0.03	0.03	0.04	0.04
14				0.05		0.04	0.06
15			0.04	0.03	0.03	0.03	0.04
16	0.03			0.03	0.03	0.03	0.04
17				0.03	0.03	0.03	0.04
18			0.07	0.03	0.03	0.05	0.07
19				0.05	0.04	0.04	0.07
20			0.05	0.03	0.04	0.04	0.05
21				0.04	0.08		0.09
22				0.07	0.04	0.03	0.10
23				0.03	0.03	0.03	0.04
24							
25			0.14	0.03	0.03	0.03	0.05
26	0.03	0.03	0.03	0.04	0.05	0.05	0.06
27			0.07	0.04	0.04	0.04	0.04
28			0.03	0.03	0.03	0.03	0.04
29	0.03	0.03	0.03	0.03	0.05	0.08	0.11
30							
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <span style="float:right">Yes/ No</span>	CT's met everyday? (see back) <span style="float:right">Yes / No</span>	All Cl2 residual at entry point ≥ 0.2 mg/l? <span style="float:right">Yes/ No</span>
All 4-hour turbidity readings ≤ 1 NTU? <span style="float:right">Yes/ No</span>		
All turbidity readings < IFE <sup>2</sup> triggers <span style="float:right">Yes/ No</span>		

Notes:	PRINTED NAME: Max Baker	
	SIGNATURE: <i>Max Baker</i>	DATE: 2/10/21
	PHONE #: 541-937-2776	CERT #:08801FE

<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 - : WTP-B

System Name:	Lowell, City of	ID#: 4100492	Month/Year:	Jan-21	Disinfection <i>Giardia</i> Log Inactiv:	0.5
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	1	66	66.0	9.0	6.91	20.0	Y	145
2								
3								
4	0.83	66	54.8	10.0	7.03	19.1	Y	145
5	0.96	66	63.4	10.1	6.97	18.9	Y	145
6	0.92	66	60.7	9.8	6.97	19.2	Y	145
7	0.68	66	44.9	9.5	6.86	18.3	Y	145
8	0.61	66	40.3	9.5	7.01	19.2	Y	145
9	0.58	66	38.3	9.1	6.87	18.7	Y	145
10	0.57	66	37.6	10.3	6.99	18.0	Y	145
11	0.76	66	50.2	9.6	6.83	18.2	Y	145
12	1.05	66	69.3	10.0	6.89	18.7	Y	145
13	1	66	66.0	10.0	6.97	19.1	Y	145
14	1.08	66	71.3	10.1	6.98	19.2	Y	145
15	1	66	66.0	9.4	6.90	19.4	Y	145
16	1.03	66	68.0	10.0	6.96	19.1	Y	145
17	1	66	66.0	10.0	6.92	18.8	Y	145
18	0.99	66	65.3	10.2	7.00	19.0	Y	145
19	0.96	66	63.4	10.4	6.90	18.1	Y	145
20	0.92	66	60.7	9.8	7.01	19.4	Y	145
21	0.94	66	62.0	10.1	6.95	18.7	Y	145
22	0.98	66	64.7	9.3	7.07	20.6	Y	145
23	0.94	66	62.0	9.5	7.00	19.8	Y	145
24								
25	0.89	66	58.7	9.5	7.05	20.0	Y	145
26	0.94	66	62.0	9.7	7.05	19.9	Y	145
27	0.9	66	59.4	9.5	7.03	19.9	Y	145
28	0.9	66	59.4	9.6	6.99	19.5	Y	145
29	0.94	66	62.0	8.4	7.09	22.0	Y	145
30		66					N	
31		66					N	

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised October 2013