

## OHA - Drinking Water Services -Turbidity Monitoring Report Form

County:

Lane

## Conventional or Direct Filtration

Month/Year:

Jun-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		0.03	0.04	0.04	0.03	0.04
2		0.03	0.03	0.04	0.03	0.03	0.04	0.04
3				0.03	0.03	0.03	0.03	0.06
4				0.04	0.04	0.04	0.04	0.05
5		0.04	0.04	0.04	0.04	0.04	0.04	0.06
6				0.04	0.04	0.04	0.04	0.05
7		0.04	0.04		0.05	0.04		0.05
8				0.04	0.04	0.04	0.04	0.05
9				0.04		0.04	0.04	0.05
10				0.04	0.04	0.04	0.03	0.05
11				0.04	0.04	0.04		0.04
12				0.08	0.04	0.03	0.03	0.08
13					0.04	0.04	0.04	0.08
14				0.04	0.04			0.05
15								
16						0.18	0.05	0.18
17		0.05	0.05	0.04	0.04	0.04	0.04	0.09
18		0.04	0.04	0.04	0.04	0.04	0.04	0.05
19		0.04			0.05	0.04	0.04	0.15
20		0.04	0.04	0.04	0.04	0.04	0.04	0.05
21		0.04	0.04	0.04	0.04	0.04	0.04	0.05
22		0.04	0.04	0.04			0.04	0.10
23		0.04	0.04	0.04	0.05	0.04	0.04	0.22
24		0.03	0.04	0.04	0.04	0.04	0.03	0.05
25		0.03	0.03	0.04	0.04	0.04	0.04	0.09
26		0.03	0.03	0.03	0.03	0.05	0.04	0.22
27		0.04	0.03	0.03	0.04	0.04	0.04	0.05
28		0.03	0.03		0.04	0.04	0.04	0.08
29		0.03	0.03	0.04	0.04	0.04		0.11
30		0.04	0.04	0.04		0.04	0.04	0.05

  

Conventional or Direct Filtration			Monthly Summary (Answer Yes or No)		
95% of 4-hour turbidity readings $\leq$ 0.3 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point $\geq$ 0.2 mg/l?		
All 4-hour turbidity readings $\leq$ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		
All turbidity readings < IFE <sup>2</sup> triggers	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No				

  

Notes:	PRINTED NAME: Max Baker		
	SIGNATURE: <i>Max Baker</i>	DATE: 6/9/21	
	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:	Jun-21	Disinfection Giardia 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	0.8	66	52.8	17.4	7.12	11.8	Y	155
2	0.79	66	52.1	14.7	7.14	14.3	Y	155
3	0.74	66	48.8	14.6	7.14	14.3	Y	155
4	0.79	66	52.1	15.3	7.14	13.7	Y	155
5	0.78	66	51.5	14.3	7.13	14.6	Y	155
6	0.74	66	48.8	15.1	7.14	13.8	Y	155
7	0.71	66	46.9	14.7	7.20	14.5	Y	155
8	0.68	66	44.9	14.7	7.13	14.1	Y	155
9	0.71	66	46.9	15.4	7.11	13.4	Y	155
10	0.69	66	45.5	16.0	7.16	13.0	Y	155
11	0.7	66	46.2	15.3	7.14	13.6	Y	155
12	0.65	66	42.9	16.3	7.14	12.6	Y	155
13	0.81	66	53.5	15.7	7.13	13.3	Y	155
14	0.77	66	50.8	16.7	7.18	12.7	Y	155
15								
16	0.81	66	53.5	16.5	7.12	12.6	Y	155
17	0.76	66	50.2	17.0	7.18	12.4	Y	155
18	0.79	66	52.1	17.7	7.18	11.9	Y	155
19	0.75	66	49.5	17.0	7.12	12.1	Y	155
20	0.77	66	50.8	17.6	7.11	11.6	Y	155
21	0.69	66	45.5	18.7	7.17	10.9	Y	155
22	0.62	66	40.9	18.2	7.17	11.2	Y	155
23	0.66	40	26.4	17.9	7.09	11.1	Y	155
24	0.72	66	47.5	18.0	7.15	11.4	Y	155
25	0.74	66	48.8	17.9	7.06	11.1	Y	170
26	0.74	66	48.8	16.0	7.01	12.4	Y	170
27	0.72	66	47.5	16.6	7.04	12.0	Y	170
28	0.77	66	50.8	16.6	7.07	12.2	Y	170
29	0.74	66	48.8	17.0	7.11	12.0	Y	170
30	0.78	66	51.5	17.1	7.16	12.2	Y	170

<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