

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Lane**
 Month/Year: **Oct-21**

Conventional or Direct Filtration

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 ¹ [NTU]	
1	0.04	0.04	0.03	0.04	0.04	0.04	0.04	
2			0.04	0.03	0.03	0.03	0.04	
3			0.04	0.03	0.04	0.04	0.07	
4				0.09	0.05	0.04	0.15	
5	0.04	0.04	0.04				0.04	
6			0.04	0.03	0.04	0.05	0.07	
7			0.04	0.03	0.03	0.03	0.08	
8				0.06	0.07	0.04	0.09	
9			0.04	0.04	0.04	0.04	0.04	
10	0.04	0.04	0.04	0.04	0.04		0.05	
11				0.06	0.07	0.05	0.09	
12			0.05	0.05	0.05	0.04	0.05	
13			0.04	0.04	0.04	0.04	0.06	
14			0.04	0.04	0.04	0.04	0.05	
15			0.04	0.04	0.04	0.04	0.04	
16				0.05	0.06	0.07	0.07	
17			0.09	0.08	0.05	0.04	0.09	
18			0.04	0.04	0.04	0.04	0.05	
19			0.04	0.04	0.04	0.04	0.04	
20			0.04	0.04	0.04		0.04	
21								
22			0.04	0.04	0.04	0.03	0.04	
23			0.04	0.05	0.07		0.10	
24				0.06	0.04	0.04	0.10	
25								
26			0.05	0.04	0.04		0.05	
27				0.05	0.04	0.04	0.05	
28			0.04	0.04	0.04	0.04	0.11	
29	0.04	0.04	0.04	0.04	0.04	0.04	0.08	
30								
31								

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

Notes:	PRINTED NAME: Max Baker	DATE: 11/3/21
	SIGNATURE: <i>Max Baker</i>	CERT #: 08801FE
	PHONE #: 541-937-2776	

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 = Indiv. Filter Effl. (333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Lowell, City of				ID#: 4100492	Month/Year: Oct-21	WTP - : WTP-B	
						Disinfection <i>Giardia</i> Log Inactiv:	0.5

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	0.98	66	64.7	18.4	6.94	10.6	Y	155
2	0.92	66	60.7	18.1	6.90	10.6	Y	155
3	0.9	66	59.4	18.0	6.99	11.0	Y	155
4	0.93	66	61.4	18.0	6.93	10.8	Y	155
5	1.01	66	66.7	16.4	6.84	11.7	Y	155
6	0.92	66	60.7	16.2	6.83	11.7	Y	155
7	0.94	66	62.0	14.9	6.84	12.8	Y	155
8	0.93	66	61.4	15.3	6.81	12.3	Y	155
9	0.88	66	58.1	16.3	6.90	11.9	Y	155
10	0.9	66	59.4	17.4	6.98	11.4	Y	155
11	0.85	66	56.1	17.0	6.93	11.4	Y	155
12	0.85	66	56.1	16.7	7.09	12.4	Y	155
13	0.85	66	56.1	16.5	6.91	11.7	Y	155
14	0.83	66	54.8	16.7	6.91	11.5	Y	155
15	0.88	66	58.1	16.2	6.95	12.2	Y	155
16	0.86	66	56.8	16.6	6.94	11.8	Y	155
17	0.81	66	53.5	16.7	7.01	11.9	Y	155
18	0.83	66	54.8	16.5	6.92	11.7	Y	155
19	0.85	66	56.1	15.9	6.98	12.5	Y	155
20	0.85	66	56.1	16.0	6.96	12.3	Y	155
21								
22	0.75	66	49.5	16.0	6.93	12.1	Y	155
23	0.86	66	56.8	16.1	6.87	11.9	Y	155
24	0.85	66	56.1	16.2	6.96	12.2	Y	155
25								
26	0.77	66	50.8	15.8	6.96	12.4	Y	155
27	0.82	66	54.1	15.5	6.97	12.8	Y	155
28	0.8	66	52.8	15.7	6.95	12.5	Y	155
29	0.9	66	59.4	15.8	6.86	12.1	Y	155
30								
31								

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.