

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lane

Conventional or Direct Filtration

Month/Year: Nov-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 ¹ [NTU]	
1					0.05	0.05	0.05	
2	0.04	0.04	0.06	0.04	0.04		0.12	
3			0.04	0.04	0.04	0.04	0.04	
4			0.04	0.04		0.04	0.04	
5	0.04		0.06	0.04	0.04	0.04	0.06	
6								
7			0.04	0.04	0.05	0.06	0.07	
8			0.04	0.04	0.04	0.04	0.04	
9	0.03	0.04	0.05	0.07	0.04	0.04	0.07	
10	0.04	0.04	0.04		0.04	0.04	0.05	
11			0.04	0.05	0.04	0.04	0.06	
12			0.04	0.04	0.05	0.05	0.06	
13	0.04	0.04	0.04	0.04	0.07	0.04	0.07	
14				0.04	0.04	0.04	0.04	
15			0.06	0.05	0.04	0.04	0.06	
16				0.04	0.04		0.05	
17				0.05	0.05	0.05	0.22	
18				0.05		0.05	0.06	
19			0.07	0.05	0.04		0.07	
20	0.06	0.04		0.06	0.04	0.06	0.06	
21	0.04		0.04		0.05	0.04	0.13	
22			0.06	0.04	0.05	0.05	0.07	
23			0.04	0.05	0.05	0.04	0.07	
24	0.06	0.05		0.05	0.05	0.04	0.07	
25	0.06	0.05	0.04	0.07	0.06		0.09	
26	0.06	0.05	0.04	0.05	0.05	0.04	0.06	
27			0.06	0.06	0.04		0.06	
28	0.05	0.05	0.04		0.05	0.04	0.06	
29			0.07	0.05		0.05	0.07	
30			0.04	0.05	0.05	0.04	0.06	

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings \leq 0.3 NTU? Yes / No	CT's met everyday? (see back) Yes / No	All Cl2 residual at entry point \geq 0.2 mg/l? Yes / No
All 4-hour turbidity readings \leq 1 NTU? Yes / No		
All turbidity readings < IFE ² triggers Yes / No		
Notes:	PRINTED NAME: Max Baker	
	SIGNATURE: <i>Max Baker</i>	DATE: 12/3/21
	PHONE #: 541-937-2776	CERT #: 08801FE

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 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:	Nov-21	Disinfection <i>Giardia</i> Log Inactiv:	0.5
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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	0.68	66	44.9	15.4	7.04	13.0	Y	155
2	0.81	66	53.5	15.3	7.13	13.7	Y	155
3	0.79	66	52.1	15.4	6.90	12.5	Y	155
4	0.88	66	58.1	15.4	7.03	13.2	Y	155
5	0.88	66	58.1	15.0	6.92	13.0	Y	155
6								
7	0.74	66	48.8	14.8	6.91	13.0	Y	155
8	0.89	66	58.7	14.1	6.96	14.1	Y	145
9	1	66	66.0	14.3	6.89	13.7	Y	145
10	1.01	66	66.7	13.8	6.90	14.2	Y	145
11	1.01	66	66.7	14.2	6.83	13.5	Y	145
12	0.98	66	64.7	14.6	6.89	13.4	Y	145
13	1.04	66	68.6	14.5	6.84	13.3	Y	145
14	1.08	66	71.3	14.3	6.87	13.7	Y	145
15	0.94	66	62.0	14.4	6.93	13.7	Y	145
16	0.95	66	62.7	14.2	6.90	13.8	Y	145
17	1.01	66	66.7	13.3	6.73	13.8	Y	155
18	0.9	66	59.4	13.2	6.89	14.6	Y	155
19	0.88	66	58.1	13.7	7.03	14.8	Y	155
20	0.99	66	65.3	13.1	6.74	14.0	Y	155
21	0.95	66	62.7	12.7	6.70	14.1	Y	155
22	0.99	66	65.3	12.4	6.80	15.4	Y	155
23	0.94	66	62.0	12.8	6.84	14.8	Y	155
24	0.99	66	65.3	12.3	6.87	15.9	Y	155
25	0.98	66	64.7	12.1	6.92	16.4	Y	155
26	0.98	66	64.7	12.2	6.97	16.5	Y	155
27	0.95	66	62.7	12.3	6.92	16.1	Y	155
28	0.96	66	63.4	12.5	6.94	15.7	Y	155
29	0.94	66	62.0	12.2	6.93	16.2	Y	155
30	0.91	66	60.1	12.6	6.90	15.2	Y	155

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

Revised October 2013