

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lane
 Month/Year: Jan-23

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	0.03	0.04	
2			0.04	0.03	0.03	0.05	0.07	
3				0.06	0.04	0.04	0.08	
4			0.04	0.04	0.03		0.12	
5				0.03			0.05	
6				0.07	0.04	0.04	0.08	
7								
8								
9				0.05	0.05		0.07	
10				0.05	0.05	0.04	0.06	
11				0.04	0.06	0.04	0.07	
12			0.04		0.06	0.04	0.08	
13			0.04	0.03	0.05	0.05	0.07	
14	0.04			0.03	0.03	0.07	0.08	
15								
16				0.11	0.04	0.03	0.12	
17				0.04	0.03		0.04	
18				0.05	0.05		0.07	
19				0.04	0.03		0.04	
20			0.04	0.03	0.03	0.03	0.04	
21								
22								
23			0.06	0.04	0.03	0.03	0.07	
24			0.04	0.03	0.03		0.04	
25			0.04	0.05	0.04		0.06	
26			0.04	0.04	0.04	0.03	0.05	
27				0.05	0.13	0.04	0.13	
28								
29								
30				0.05	0.03	0.03	0.06	
31			0.03	0.06	0.04	0.03	0.06	

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	
	SIGNATURE: <i>Max Baker</i>	DATE: 2/7/23
	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:	Jan-23	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	0.81	66	53.5	9.7	6.94	18.9	Y	185
2	0.76	66	50.2	9.1	6.96	19.6	Y	185
3	0.74	66	48.8	9.1	7.11	20.7	Y	185
4	0.92	66	60.7	8.9	7.12	21.4	Y	185
5	0.96	66	63.4	9.0	6.95	20.2	Y	185
6	1.08	66	71.3	9.2	7.07	21.0	Y	185
7								
8								
9	0.82	66	54.1	10.1	6.98	18.7	Y	185
10	0.92	66	60.7	9.0	7.01	20.5	Y	185
11	1.01	66	66.7	9.0	6.61	18.0	Y	185
12	1	66	66.0	9.3	7.10	20.9	Y	185
13	1	66	66.0	9.6	6.90	19.1	Y	185
14	0.99	66	65.3	9.5	7.07	20.4	Y	185
15								
16	0.88	66	58.1	8.7	6.75	19.0	Y	185
17	0.93	66	61.4	8.9	6.68	18.4	Y	185
18	0.88	66	58.1	8.8	6.81	19.3	Y	185
19	0.9	66	59.4	8.5	6.72	19.1	Y	185
20	0.91	66	60.1	8.9	6.82	19.3	Y	185
21								
22								
23	0.8	66	52.8	8.7	7.03	20.8	Y	185
24	0.72	66	47.5	8.6	6.99	20.4	Y	185
25	0.66	66	43.6	8.7	7.00	20.2	Y	185
26	0.67	66	44.2	8.0	6.89	20.4	Y	185
27	0.7	66	46.2	8.6	6.79	19.0	Y	185
28								
29								
30	0.72	66	47.5	8.2	7.08	21.6	Y	185
31	0.9	66	59.4	7.8	6.91	21.4	Y	185

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

Revised October 2013