

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Lane
 Month/Year: Feb-23

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			0.03	0.04	0.03	0.03	0.04	
2			0.03		0.05	0.04	0.07	
3			0.04	0.03	0.03	0.03	0.04	
4								
5								
6				0.04	0.03	0.03	0.05	
7			0.04	0.03	0.03		0.04	
8					0.05	0.03	0.06	
9	0.03			0.03	0.03	0.03	0.05	
10			0.06	0.05	0.03	0.03	0.07	
11								
12								
13				0.03	0.03	0.03	0.05	
14					0.05	0.03	0.06	
15			0.04	0.03	0.03	0.04	0.04	
16				0.03			0.04	
17			0.07	0.05	0.04	0.03	0.06	
18								
19								
20			0.05	0.03	0.05		0.06	
21			0.08	0.05	0.04	0.03	0.08	
22				0.04	0.05	0.03	0.06	
23			0.04	0.03	0.05	0.05	0.08	
24			0.04	0.03		0.08	0.10	
25				0.04	0.04	0.03	0.05	
26	0.03			0.03			0.06	
27				0.06	0.04	0.04	0.07	
28					0.14	0.05	0.42	

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)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<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: 3/12/23
	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:	Feb-23	Disinfection <i>Giardia</i> Log Inactiv:	0.5
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1	0.98	66	64.7	8.3	6.93	21.0	Y	185
2	0.97	66	64.0	8.1	6.91	21.1	Y	185
3	0.98	66	64.7	8.4	6.82	20.1	Y	185
4								
5								
6	0.88	66	58.1	8.7	6.70	18.7	Y	185
7	1.02	66	67.3	8.6	6.88	20.3	Y	185
8	0.97	66	64.0	8.4	6.99	21.3	Y	185
9	1.02	66	67.3	8.0	6.77	20.3	Y	185
10	1.01	66	66.7	8.9	6.70	18.7	Y	185
11								
12								
13	0.99	66	65.3	8.7	6.70	18.9	Y	185
14	0.99	66	65.3	8.4	6.99	21.3	Y	185
15	0.94	66	62.0	8.4	6.83	20.1	Y	185
16	0.92	66	60.7	8.1	6.95	21.3	Y	185
17	0.91	66	60.1	8.2	7.00	21.5	Y	185
18								
19								
20	0.78	66	51.5	8.5	6.72	18.8	Y	185
21	0.78	66	51.5	8.8	7.02	20.5	Y	185
22	0.84	66	55.4	8.5	6.96	20.6	Y	185
23	0.87	66	57.4	8.2	7.03	21.6	Y	185
24	0.98	66	64.7	8.2	7.07	22.2	Y	185
25	0.94	66	62.0	8.0	7.08	22.5	Y	185
26	0.97	66	64.0	8.2	6.72	19.6	Y	185
27	0.4	66	26.4	7.7	6.91	20.3	Y	145
28	0.59	66	38.9	8.0	6.80	19.6	Y	145

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

Revised October 2013