

OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration

County: Lane
 Month/Year: Mar-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				0.06	0.05		0.07
2			0.05	0.04	0.03	0.03	0.05
3			0.04	0.04	0.04	0.06	0.08
4							
5							
6				0.07	0.04	0.04	0.10
7			0.04	0.04	0.04	0.03	0.05
8				0.04	0.03	0.03	0.04
9			0.04	0.04	0.03	0.03	0.09
10			0.05	0.04	0.04	0.04	0.04
11			0.04	0.04	0.04	0.04	0.04
12							
13			0.04	0.04	0.03	0.03	0.05
14			0.04		0.06	0.04	0.08
15				0.04	0.04	0.04	0.05
16				0.05	0.05	0.05	0.05
17			0.06	0.08	0.05	0.04	0.08
18							
19				0.04	0.04	0.04	0.05
20			0.06	0.04	0.04	0.03	0.08
21			0.04	0.04	0.03	0.03	0.04
22	0.04	0.04	0.04	0.04	0.04	0.04	0.05
23			0.04	0.04	0.04	0.03	0.05
24			0.05	0.08	0.09	0.04	0.11
25							
26							
27				0.04	0.04	0.04	0.05
28			0.04	0.04	0.04	0.05	0.05
29				0.07	0.06	0.05	0.11
30	0.05	0.04	0.05	0.05	0.04	0.04	0.05
31			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 ≤ 0.3 NTU? <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	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No

Notes:	PRINTED NAME: Max Baker	
	SIGNATURE: <i>Max Baker</i>	DATE: 4/6/23
	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:	Mar-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	1.02	66	67.3	8.3	7.07	22.2	Y	145
2	0.99	66	65.3	8.3	7.19	23.0	Y	145
3	0.99	66	65.3	8.0	6.90	21.2	Y	145
4								
5								
6	0.86	66	56.8	7.7	7.05	22.5	Y	145
7	0.89	66	58.7	8.0	6.93	21.2	Y	145
8	0.88	66	58.1	7.9	6.84	20.7	Y	145
9	0.83	66	54.8	8.0	6.95	21.2	Y	145
10	0.92	66	60.7	7.8	6.87	21.1	Y	145
11	0.92	66	60.7	7.8	7.09	22.8	Y	145
12								
13	0.85	66	56.1	8.6	7.22	22.5	Y	145
14	0.88	66	58.1	8.3	7.18	22.7	Y	145
15	0.88	66	58.1	7.9	7.19	23.4	Y	145
16	0.95	66	62.7	8.0	6.84	20.7	Y	145
17	0.92	66	60.7	8.4	7.13	22.2	Y	145
18								
19	0.8	66	52.8	8.5	7.22	22.5	Y	145
20	0.86	66	56.8	8.8	7.23	22.3	Y	145
21	0.93	66	61.4	8.7	7.26	22.8	Y	145
22	1.01	66	66.7	8.4	7.22	23.2	Y	145
23	0.97	66	64.0	9.0	7.19	21.9	Y	145
24	1	66	66.0	9.0	7.13	21.6	Y	145
25								
26								
27	0.9	66	59.4	8.7	7.14	21.8	Y	145
28	0.91	66	60.1	8.2	7.13	22.5	Y	145
29	0.9	66	59.4	8.6	7.05	21.3	Y	145
30	0.91	66	60.1	9.2	7.17	21.4	Y	145
31	0.87	66	57.4	8.9	7.05	20.8	Y	145

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

Revised October 2013