

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lane

Conventional or Direct Filtration

Month/Year: Jun-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	0.03		0.04	0.05
2			0.03	0.03	0.03	0.03	0.04
3	0.03		0.07	0.04	0.03	0.03	0.07
4			0.03	0.03	0.04	0.08	0.09
5	0.04	0.03	0.03	0.03	0.03	0.03	0.04
6			0.04	0.08	0.04	0.03	0.08
7			0.03	0.03	0.03	0.03	0.06
8			0.03	0.03	0.03	0.04	0.07
9			0.08	0.04	0.03	0.03	0.09
10			0.04	0.03	0.03	0.03	0.06
11	0.03		0.03	0.03	0.03	0.03	0.06
12	0.04	0.03	0.03	0.03	0.03	0.03	0.04
13			0.03		0.06	0.04	0.09
14	0.03	0.03	0.03	0.04	0.06	0.03	0.07
15	0.03	0.03	0.03		0.06	0.03	0.06
16			0.03	0.03	0.03	0.03	0.06
17			0.03	0.03	0.03	0.03	0.05
18				0.04	0.03	0.03	0.05
19			0.04	0.03	0.03	0.03	0.06
20			0.03	0.03		0.03	0.04
21			0.03	0.03	0.03	0.03	0.04
22			0.04	0.03	0.03	0.03	0.05
23			0.03	0.03	0.03	0.03	0.05
24			0.05	0.05	0.03	0.03	0.07
25	0.03	0.03	0.03	0.03	0.03	0.03	0.04
26			0.03	0.03	0.03		0.06
27			0.03	0.04	0.06	0.04	0.06
28			0.03	0.04	0.06	0.04	0.06
29			0.03	0.03	0.03	0.03	0.13
30	0.03	0.03	0.03	0.03	0.03	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="checkbox"/> Yes / <input type="checkbox"/> No All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All turbidity readings < IFE ² triggers <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:	PRINTED NAME: Max Baker SIGNATURE: <i>Max Baker</i> PHONE #: 541-937-2776	
	DATE: 7/7/23 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:	Jun-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	0.92	66	60.7	13.7	7.04	14.9	Y	185
2	0.95	66	62.7	12.3	7.11	17.2	Y	185
3	1.01	66	66.7	11.3	7.16	18.8	Y	185
4	0.98	66	64.7	11.5	7.11	18.1	Y	185
5	1	66	66.0	10.6	7.04	18.8	Y	185
6	0.97	66	64.0	11.8	7.06	17.5	Y	185
7	0.96	66	63.4	11.9	7.03	17.2	Y	185
8	0.97	66	64.0	12.0	7.00	16.9	Y	185
9	0.98	66	64.7	11.7	7.04	17.5	Y	185
10	0.96	66	63.4	12.1	6.95	16.5	Y	185
11	0.92	66	60.7	12.5	7.01	16.0	Y	185
12	0.96	66	63.4	13.8	6.98	14.6	Y	185
13	0.93	66	61.4	12.8	7.04	15.9	Y	185
14	0.98	66	64.7	13.0	7.00	15.5	Y	185
15	1	66	66.0	12.1	7.04	17.1	Y	185
16	0.91	66	60.1	13.0	7.02	15.5	Y	185
17	0.89	66	58.7	13.8	6.93	14.2	Y	185
18	0.9	66	59.4	13.3	7.06	15.4	Y	185
19	0.88	66	58.1	12.9	7.05	15.7	Y	185
20	0.88	66	58.1	14.4	7.07	14.4	Y	185
21	0.86	66	56.8	13.2	7.05	15.4	Y	185
22	0.83	66	54.8	13.9	6.96	14.2	Y	185
23	0.82	66	54.1	13.5	7.02	14.9	Y	185
24	0.83	66	54.8	14.5	7.02	13.9	Y	185
25	0.87	66	57.4	15.0	7.08	13.8	Y	185
26	0.83	66	54.8	15.0	7.04	13.6	Y	185
27	0.78	66	51.5	14.4	7.04	14.0	Y	185
28	0.85	66	56.1	14.5	7.03	14.0	Y	185
29	0.83	66	54.8	15.7	7.07	13.1	Y	185
30	0.81	66	53.5	15.4	7.03	13.1	Y	185

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

Revised October 2013