

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Lane  
 Month/Year: Oct-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 <sup>1</sup> [NTU]
1							0.23
2				0.11	0.11	0.12	0.17
3				0.11	0.10	0.12	0.17
4			0.16	0.12	0.13	0.14	0.17
5			0.20	0.13	0.12	0.12	0.20
6			0.17	0.11	0.12	0.12	0.17
7			0.17	0.14	0.10		0.21
8			0.14	0.10			0.15
9				0.12	0.10	0.08	0.16
10						0.13	0.19
11			0.16	0.11	0.11	0.10	0.16
12				0.12	0.11	0.11	0.13
13			0.13	0.11	0.11	0.12	0.16
14			0.25	0.13	0.10	0.11	0.17
15				0.14	0.10	0.10	0.14
16	0.10	0.10	0.10	0.10	0.10	0.09	0.12
17	0.08	0.07	0.06	0.06	0.06	0.06	0.11
18	0.06	0.06	0.05	0.05	0.05	0.05	0.06
19				0.06	0.04	0.08	0.18
20	0.04	0.03	0.03	0.03	0.03	0.03	0.07
21							
22							
23				0.05	0.04	0.04	0.08
24	0.03	0.03	0.03	0.03	0.03	0.03	0.04
25	0.03	0.03	0.03	0.03	0.03		0.04
26							
27				0.06	0.04	0.04	0.08
28			0.05	0.04	0.05	0.05	0.06
29	0.05	0.05	0.05	0.06	0.06	0.06	0.18
30	0.06	0.06	0.06		0.08	0.08	0.08
31			0.08	0.07	0.06	0.07	0.11

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No		
All turbidity readings < IFE <sup>2</sup> triggers <input checked="" type="radio"/> Yes / No		

Notes:

PRINTED NAME: Max Baker  
 SIGNATURE: *Max Baker* DATE: 11/9/23  
 PHONE #: 541-937-2776 CERT #: 08801FE

<sup>1</sup> 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. <sup>2</sup> 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:	Oct-23	Disinfection <i>Giardia</i> Log Inactiv:	0.5
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.48	88	42.2	17.6	7.09	11.1	Y	155
2	0.82	88	72.2	17.4	6.88	10.9	Y	140
3	0.81	88	71.3	17.6	6.92	10.9	Y	140
4	0.83	88	73.0	17.7	6.99	11.1	Y	140
5	0.89	88	78.3	17.7	6.89	10.8	Y	140
6	1	88	88.0	17.7	6.91	11.0	Y	140
7	0.98	88	86.2	17.7	6.94	11.1	Y	140
8	0.92	88	81.0	17.8	7.04	11.3	Y	140
9	1.07	88	94.2	17.9	7.06	11.6	Y	100
10	0.7	88	61.6	17.6	6.85	10.4	Y	100
11	0.85	88	74.8	17.5	6.83	10.6	Y	100
12	0.76	88	66.9	17.2	6.84	10.8	Y	100
13	0.79	88	69.5	17.2	6.82	10.7	Y	100
14	0.75	88	66.0	16.9	6.85	11.0	Y	100
15	0.74	88	65.1	16.8	6.83	11.0	Y	100
16	0.68	88	59.8	16.7	6.79	10.8	Y	100
17	0.96	88	84.5	16.5	6.82	11.5	Y	100
18	0.94	88	82.7	16.7	6.91	11.7	Y	100
19	0.93	88	81.8	16.3	6.83	11.6	Y	100
20	1.1	88	96.8	16.4	6.83	11.8	Y	100
21								
22								
23	1.07	88	94.2	16.7	6.87	11.7	Y	100
24	1.06	88	93.3	16.1	6.86	12.1	Y	100
25	1.1	88	96.8	16.0	6.93	12.6	Y	100
26								
27	0.97	88	85.4	15.6	6.90	12.6	Y	100
28	0.89	88	78.3	14.3	6.95	13.8	Y	100
29	0.9	88	79.2	13.8	6.93	14.2	Y	100
30	0.9	88	79.2	13.3	6.75	13.7	Y	100
31	0.89	88	78.3	12.9	6.83	14.5	Y	100

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised October 2013