

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lane  
 Month/Year: Jan-24

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 <sup>1</sup> [NTU]
1				0.03	0.03	0.03	0.04
2			0.03	0.03	0.03	0.03	0.04
3			0.03	0.03	0.03	0.03	0.04
4	0.03	0.06		0.15	0.07	0.03	0.19
5			0.04	0.03	0.03	0.03	0.04
6				0.03			0.04
7				0.03	0.04	0.03	0.06
8			0.08	0.03		0.03	0.08
9			0.05	0.03	0.03	0.03	0.04
10				0.03	0.03	0.03	0.04
11				0.04		0.05	0.05
12			0.05	0.04	0.04	0.04	0.05
13			0.05	0.04	0.04	0.04	0.05
14	OFF	OFF	OFF	OFF	OFF	OFF	OFF
15	OFF	OFF	OFF	OFF	OFF	OFF	OFF
16					0.05		0.07
17				0.04	0.04	0.04	0.05
18	0.04	0.04	0.04	0.04	0.05	0.04	0.05
19	0.04	0.04	0.05		0.06	0.05	0.06
20	0.05	0.04	0.04				0.05
21				0.06	0.05	0.05	0.07
22			0.05		0.04	0.04	0.05
23	0.04	0.04	0.03	0.03	0.03	0.03	0.06
24				0.05	0.04	0.04	0.06
25						0.05	0.05
26	0.04	0.03	0.03	0.03	0.03	0.03	0.04
27	0.03	0.03		0.05			0.05
28				0.05	0.04	0.04	0.07
29			0.04	0.04	0.04	0.04	0.05
30			0.04	0.04	0.04	0.03	0.04
			0.04	0.03	0.03	0.03	0.04

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <span style="float: right;">Yes / No</span> All 4-hour turbidity readings ≤ 1 NTU? <span style="float: right;">Yes / No</span> All turbidity readings < IFE <sup>2</sup> triggers <span style="float: right;">Yes / No</span>	CT's met everyday? (see back)  Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l?  Yes / No

Notes:	PRINTED NAME: Max Baker	
	SIGNATURE: <i>Max Baker</i>	DATE: 2/9/24
	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

System Name: Lowell, City of				ID#: 4100492	Month/Year: Jan-24	WTP - : WTP-B	
						Disinfection <i>Giardia</i> Log Inactiv:	0.5

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	0.97	88	85.4	9.6	7.20	21.2	Y	120
2	0.91	88	80.1	9.2	7.19	21.5	Y	120
3	0.81	88	71.3	9.7	7.24	20.9	Y	120
4	1	88	88.0	9.2	7.16	21.5	Y	120
5	1.02	88	89.8	9.6	7.27	21.8	Y	120
6	0.92	88	81.0	9.3	7.21	21.5	Y	120
7	0.93	88	81.8	9.6	7.33	22.1	Y	120
8	0.92	88	81.0	9.6	7.26	21.5	Y	120
9	1.01	88	88.9	9.4	7.19	21.5	Y	120
10	0.94	88	82.7	9.1	7.44	23.7	Y	120
11	0.94	88	82.7	8.8	7.15	21.8	Y	120
12	0.92	88	81.0	8.9	7.27	22.6	Y	120
13	0.92	88	81.0	8.8	7.25	22.6	Y	120
14								
15								
16	0.77	88	67.8	8.6	7.38	23.5	Y	120
17	0.9	88	79.2	7.7	7.37	25.3	Y	120
18	0.9	88	79.2	9.0	7.25	22.2	Y	120
19	0.97	88	85.4	8.0	7.12	22.9	Y	120
20	0.96	88	84.5	8.2	7.11	22.5	Y	120
21	0.86	88	75.7	8.5	7.27	23.0	Y	120
22	0.9	88	79.2	8.4	7.22	22.9	Y	120
23	0.97	88	85.4	8.6	7.29	23.3	Y	120
24	1	88	88.0	9.1	7.11	21.3	Y	120
25	0.94	88	82.7	9.0	7.07	21.0	Y	120
26	1	88	88.0	9.0	7.16	21.8	Y	120
27	0.91	88	80.1	9.6	7.28	21.6	Y	120
28	0.84	88	73.9	9.7	7.18	20.6	Y	145
29	0.78	88	68.6	9.4	7.09	20.2	Y	145
30	0.82	88	72.2	9.5	7.26	21.4	Y	145
31	0.8	88	70.4	10.2	7.31	20.7	Y	145

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