

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lane

Conventional or Direct Filtration

Month/Year: Feb-24

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			0.04		0.05	0.04	0.07	
2			0.04	0.04	0.03	0.03	0.04	
3								
4								
5				0.04	0.03	0.03	0.06	
6				0.03	0.03	0.03	0.13	
7						0.04	0.05	
8			0.03	0.03	0.03	0.03	0.04	
9			0.03	0.03	0.03	0.03	0.04	
10				0.03	0.03	0.03	0.04	
11								
12			0.08	0.03		0.05	0.10	
13	0.04	0.03	0.03	0.03	0.03	0.03	0.04	
14				0.03	0.03	0.03	0.04	
15			0.03	0.03	0.03		0.04	
16				0.05	0.04	0.04	0.06	
17			0.04	0.04	0.04	0.03	0.04	
18								
19				0.03	0.03	0.03	0.05	
20			0.04	0.06	0.05	0.04	0.07	
21			0.05	0.04			0.05	
22			0.04			0.05	0.06	
23			0.04	0.04	0.03	0.03	0.04	
24			0.08	0.04	0.05	0.05	0.07	
25				0.04	0.03	0.03	0.04	
26			0.04		0.05	0.04	0.05	
27			0.04	0.04	0.03	0.03	0.05	
28			0.03		0.06	0.04	0.07	
29			0.04	0.04	0.04	0.05	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	CT's met everyday? (see back)	All Cl2 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 <sup>2</sup> triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes:		PRINTED NAME: Max Baker SIGNATURE: <i>Max Baker</i> PHONE #: 541-937-2776	
		DATE: 2/8/24 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:	Feb-24	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	0.83	88	73.0	9.8	7.10	19.9	Y	145
2	0.85	88	74.8	9.6	7.20	20.9	Y	145
3								
4								
5	0.71	88	62.5	10.0	7.24	20.3	Y	145
6	0.72	88	63.4	9.4	7.13	20.3	Y	145
7	0.76	88	66.9	9.1	7.25	21.7	Y	145
8	0.79	88	69.5	9.2	7.07	20.3	Y	145
9	0.79	88	69.5	9.2	7.34	22.4	Y	145
10	0.78	88	68.6	9.4	7.39	22.4	Y	145
11								
12	0.74	88	65.1	9.8	7.33	21.3	Y	145
13	0.83	88	73.0	9.3	7.44	23.1	Y	145
14	0.78	88	68.6	9.4	7.47	23.1	Y	145
15	0.78	88	68.6	9.1	7.47	23.5	Y	145
16	0.79	88	69.5	9.3	7.33	22.1	Y	145
17	0.8	88	70.4	9.5	7.34	22.0	Y	145
18								
19	0.78	88	68.6	9.5	7.25	21.2	Y	145
20	0.8	88	70.4	9.7	7.39	22.0	Y	145
21	0.72	88	63.4	9.7	7.28	21.0	Y	145
22	0.7	88	61.6	9.5	7.36	21.9	Y	145
23	0.8	88	70.4	9.5	7.21	21.0	Y	145
24	0.75	88	66.0	10.0	7.23	20.3	Y	145
25	0.79	88	69.5	9.7	7.22	20.7	Y	145
26	0.83	88	73.0	10.6	7.31	20.3	Y	145
27	0.82	88	72.2	9.2	7.19	21.3	Y	145
28	0.83	88	73.0	9.6	7.24	21.1	Y	145
29	0.82	88	72.2	9.5	7.28	21.5	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.

Revised October 2013