

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lane
 Month/Year: Mar-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 ¹ [NTU]
1				0.03	0.03	0.04	0.04
2				0.05	0.05	0.04	0.06
3				0.04	0.04	0.04	0.05
4			0.05	0.04	0.04	0.04	0.05
5				0.06	0.05	0.04	0.06
6			0.07	0.04	0.04		0.05
7			0.05		0.07		0.09
8				0.09	0.06	0.05	0.10
9			0.05	0.05	0.04	0.04	0.05
10				0.04	0.04	0.04	0.06
11				0.06	0.05	0.04	0.10
12			0.05	0.04	0.04	0.05	0.06
13				0.07	0.06	0.05	0.07
14				0.05	0.05	0.04	0.05
15				0.04	0.04	0.04	0.05
16							
17				0.05	0.05	0.05	0.07
18			0.11	0.05	0.05	0.05	0.13
19			0.06	0.04	0.04	0.04	0.05
20				0.05	0.04	0.04	0.05
21			0.04	0.04	0.04		0.05
22			0.05	0.04	0.04	0.04	0.05
23			0.05	0.05	0.05	0.05	0.06
24							
25				0.05	0.05		0.10
26				0.07	0.06	0.06	0.08
27			0.06	0.05	0.04	0.04	0.06
28			0.04	0.04			0.05
29				0.04	0.04	0.04	0.05
30							
31				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: PHONE #: 541-937-2776 DATE: 4/10/24 CERT #: 08801FE
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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-24	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	0.9	88	79.2	9.4	7.33	22.3	Y	145
2	0.9	88	79.2	9.5	7.30	21.9	Y	145
3	0.9	88	79.2	9.7	7.37	22.1	Y	145
4	0.83	88	73.0	9.2	7.34	22.5	Y	145
5	0.88	88	77.4	9.6	7.37	22.2	Y	145
6	0.83	88	73.0	8.9	7.37	23.2	Y	145
7	0.72	88	63.4	8.9	7.22	21.7	Y	145
8	0.71	88	62.5	9.6	7.30	21.3	Y	145
9	0.93	88	81.8	9.7	7.38	22.3	Y	145
10	0.93	88	81.8	9.3	7.45	23.5	Y	145
11	0.86	88	75.7	9.5	7.37	22.3	Y	145
12	0.84	88	73.9	9.6	7.43	22.6	Y	145
13	0.88	88	77.4	9.6	7.29	21.6	Y	145
14	0.88	88	77.4	9.5	7.43	22.9	Y	145
15	0.81	88	71.3	9.5	7.33	21.9	Y	145
16								
17	0.79	88	69.5	9.8	7.40	22.0	Y	145
18	0.82	88	72.2	10.1	7.43	21.8	Y	145
19	0.77	88	67.8	10.3	7.42	21.3	Y	145
20	0.75	88	66.0	10.2	6.98	18.4	Y	145
21	0.73	88	64.2	10.1	7.30	20.6	Y	145
22	0.66	88	58.1	10.2	7.21	19.7	Y	145
23	0.71	88	62.5	10.8	7.43	20.6	Y	145
24								
25	0.71	66	46.9	10.8	7.41	20.4	Y	170
26	0.69	66	45.5	10.4	7.31	20.2	Y	170
27	0.66	66	43.6	10.4	7.49	21.5	Y	170
28	0.77	66	50.8	10.9	7.35	20.0	Y	170
29	0.77	66	50.8	10.9	7.25	19.3	Y	170
30								
31	0.78	66	51.5	10.7	7.23	19.5	Y	170

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

Revised October 2013