

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lane
 Month/Year: Apr-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				0.07	0.04	0.04	0.07
2			0.04	0.04	0.04	0.04	0.05
3				0.04	0.03		0.05
4				0.04	0.03	0.03	0.05
5				0.03	0.03	0.03	0.04
6							
7							
8				0.04	0.05	0.06	0.07
9				0.05	0.04	0.04	0.05
10					0.08	0.06	0.10
11			0.04	0.04	0.04		0.08
12				0.05	0.04	0.04	0.07
13			0.03	0.05	0.04	0.04	0.06
14							
15			0.05	0.08	0.04	0.03	0.10
16			0.04	0.04			0.06
17							
18						0.05	0.12
19			0.04	0.04	0.04	0.04	0.06
20				0.05	0.05	0.04	0.07
21			0.04	0.04	0.08	0.05	0.09
22			0.04	0.04	0.04	0.04	0.05
23				0.08	0.05	0.06	0.09
24			0.05				0.05
25				0.05	0.05	0.05	0.06
26				0.04	0.05		0.06
27			0.08	0.06	0.06	0.05	0.09
28							
29			0.10		0.07	0.07	0.10
30			0.07		0.07		0.07
31							

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) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input 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		
Notes:	PRINTED NAME: Max Baker	
	SIGNATURE: <i>Max Baker</i>	DATE: 04/24
	PHONE #: 541-937-2776	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:	Apr-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	0.8	66	52.8	10.0	7.07	19.3	Y	170
2	0.79	66	52.1	10.8	7.26	19.6	Y	170
3	0.81	66	53.5	11.3	7.29	19.2	Y	170
4	0.88	66	58.1	10.5	7.30	20.5	Y	170
5	0.81	66	53.5	10.4	7.29	20.4	Y	170
6								
7								
8	0.66	66	43.6	10.8	6.99	17.6	Y	170
9	0.83	66	54.8	11.3	7.33	19.5	Y	170
10	0.75	66	49.5	11.2	7.29	19.2	Y	200
11	0.79	66	52.1	10.9	7.16	18.8	Y	200
12	0.79	66	52.1	11.1	7.24	19.1	Y	200
13	0.82	66	54.1	10.7	7.03	18.3	Y	200
14								
15	0.71	66	46.9	11.4	7.17	18.1	Y	200
16	0.77	66	50.8	10.2	7.20	19.9	Y	200
17								
18	0.63	66	41.6	10.8	7.23	19.0	Y	200
19	0.76	66	50.2	10.6	7.29	20.0	Y	200
20	0.75	66	49.5	10.7	7.33	20.1	Y	200
21	0.75	66	49.5	10.8	7.36	20.2	Y	200
22	0.71	66	46.9	10.5	7.25	19.7	Y	200
23	0.8	66	52.8	10.7	7.29	19.9	Y	200
24	0.85	66	56.1	10.8	7.33	20.2	Y	200
25	0.78	66	51.5	11.5	7.41	19.7	Y	200
26	0.83	66	54.8	10.8	7.34	20.2	Y	200
27	0.75	66	49.5	11.5	7.39	19.5	Y	200
28								
29	0.71	66	46.9	10.5	7.34	20.3	Y	200
30	0.79	66	52.1	10.8	7.44	20.8	Y	200

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

Revised October 2013