

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Lane

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

<b>Conventional or Direct Filtration</b> 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 <sup>2</sup> triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		<b>Monthly Summary (Answer Yes or No)</b> 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	
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Notes:

PRINTED NAME: Max Baker

SIGNATURE: *Max Baker* DATE: 11/7/24

PHONE #: 541-554-2744 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**

<b>System Name:</b>	Lowell, City of	<b>ID#:</b> 4100492	<b>Month/Year:</b>	Oct-24	<b>WTP - : WTP-B</b>	
					<b>Disinfection <i>Giardia</i> Log Inactiv:</b>	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	0.82	66	54.1	17.7	7.20	12.0	Y	170
2	0.76	66	50.2	17.8	7.17	11.7	Y	170
3	0.8	66	52.8	17.5	7.25	12.4	Y	170
4	0.74	66	48.8	17.7	7.22	12.0	Y	170
5	0.84	66	55.4	17.5	7.26	12.5	Y	170
6	0.85	66	56.1	17.4	7.25	12.5	Y	170
7	0.83	66	54.8	17.3	7.27	12.7	Y	170
8	0.96	66	63.4	17.2	7.21	12.6	Y	170
9	0.85	66	56.1	17.4	7.16	12.1	Y	170
10	0.81	66	53.5	17.1	7.22	12.6	Y	170
11	0.77	66	50.8	17.1	7.25	12.6	Y	170
12	0.9	66	59.4	16.9	7.25	13.0	Y	170
13	0.86	66	56.8	16.9	7.21	12.8	Y	170
14	0.83	66	54.8	16.8	7.26	13.0	Y	170
15	0.9	66	59.4	16.9	7.20	12.8	Y	170
16	0.86	66	56.8	17.0	7.22	12.7	Y	170
17	0.76	66	50.2	16.7	7.21	12.8	Y	170
18	0.78	66	51.5	16.5	7.19	12.9	Y	170
19	0.81	66	53.5	16.8	7.24	12.9	Y	170
20	0.94	66	62.0	16.3	7.22	13.5	Y	170
21	0.91	66	60.1	16.2	7.15	13.2	Y	170
22	0.91	66	60.1	16.0	7.23	13.7	Y	170
23	0.79	66	52.1	16.0	7.04	12.6	Y	170
24	0.79	66	52.1	15.5	6.98	12.8	Y	170
25	0.7	66	46.2	15.2	7.20	14.0	Y	170
26	0.89	66	58.7	15.4	7.13	13.7	Y	170
27	0.81	66	53.5	15.6	7.25	14.0	Y	170
28	0.72	66	47.5	15.1	7.14	13.8	Y	170
29								
30	0.77	66	50.8	14.6	7.25	15.0	Y	170
31	0.94	66	62.0	14.2	7.25	15.7	Y	170

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