

OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration

County: Lane
 Month/Year: Nov-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 ¹ [NTU]
1				0.06	0.05	0.05	0.07
2			0.06	0.05	0.05	0.05	0.07
3							
4				0.06	0.05	0.05	0.10
5					0.06	0.05	0.07
6				0.05	0.05		0.08
7				0.06		0.05	0.10
8				0.05	0.04	0.04	0.06
9				0.05	0.04		0.07
10			0.06	0.05	0.04	0.05	0.07
11				0.06	0.05		0.08
12			0.06	0.05	0.05		0.08
13			0.07	0.06	0.05	0.05	0.10
14				0.06	0.05		0.08
15				0.06	0.05		0.10
16							
17			0.13	0.08	0.05	0.05	0.14
18			0.06		0.05	0.04	0.07
19			0.03	0.03	0.03		0.05
20					0.03	0.03	0.05
21				0.03	0.03	0.03	0.12
22				0.04	0.03	0.03	0.05
23	0.03		0.03				0.05
24				0.03	0.03	0.03	0.06
25					0.03		0.07
26				0.03	0.03		0.05
27			0.10	0.03	0.03	0.03	0.10
28			0.03		0.03	0.03	0.06
29				0.03			0.04
30				0.03	0.03	0.03	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) <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
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: 12/1/24
	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 = Indiv. 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:	Nov-24	WTP - : WTP-B	Disinfection <i>Giardia</i> Log Inactiv:	0.5
---------------------	-----------------	---------------------	--------------------	--------	----------------------	---	-----

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1	0.7	66	46.2	14.4	7.28	15.2	Y	170
2	0.81	66	53.5	13.7	7.21	15.7	Y	170
3								
4	0.79	66	52.1	13.6	7.23	15.9	Y	170
5	0.81	66	53.5	13.4	7.05	15.1	Y	170
6	0.68	66	44.9	13.0	7.12	15.7	Y	170
7	0.66	66	43.6	12.3	6.81	15.0	Y	170
8	0.61	66	40.3	12.4	7.11	16.4	Y	170
9	0.77	66	50.8	12.3	7.16	17.1	Y	170
10	0.77	66	50.8	12.5	7.13	16.5	Y	170
11	0.78	66	51.5	12.7	7.21	16.7	Y	170
12	0.77	66	50.8	12.6	7.03	15.7	Y	170
13	0.73	66	48.2	12.7	7.13	16.2	Y	170
14	0.69	66	45.5	12.3	7.05	16.4	Y	145
15	0.55	66	36.3	12.2	7.14	16.7	Y	145
16								
17	0.52	66	34.3	12.3	7.13	16.5	Y	145
18	0.85	66	56.1	11.7	7.03	17.2	Y	145
19	1.07	66	70.6	10.9	7.03	18.5	Y	145
20	1.13	66	74.6	10.6	6.80	17.6	Y	145
21	0.6	66	39.6	10.4	7.03	18.2	Y	145
22	1.01	66	66.7	10.6	6.98	18.5	Y	145
23	1.05	66	69.3	10.7	6.99	18.5	Y	145
24	0.96	66	63.4	11.1	7.05	18.2	Y	145
25	0.96	66	63.4	11.2	7.03	18.0	Y	145
26	0.95	66	62.7	11.0	7.12	18.7	Y	145
27	0.89	66	58.7	10.4	7.05	18.9	Y	145
28	0.97	66	64.0	10.6	7.15	19.5	Y	145
29	0.9	66	59.4	10.2	6.96	18.6	Y	145
30	0.86	66	56.8	9.8	7.04	19.5	Y	145

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