

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: 

Lane
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Conventional or Direct Filtration

Month/Year: 

Feb-25
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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	0.03	0.03	0.03	0.03	0.03	0.03	0.04
2	0.03	0.03	0.03	0.03	0.04	0.03	0.06
3			0.03	0.03	0.03	0.03	0.05
4	0.03	0.03	0.03	0.03	0.03	0.03	0.04
5			0.03	0.03	0.03	0.03	0.05
6				0.03	0.03	0.03	0.05
7				0.03	0.03	0.03	0.05
8				0.03	0.03	0.03	0.05
9			0.03	0.03	0.03	0.03	0.05
10				0.03			0.05
11			0.04	0.04	0.03	0.03	0.07
12			0.03	0.03	0.03	0.03	0.04
13				0.03	0.03	0.03	0.05
14				0.03	0.03	0.03	0.05
15				0.03	0.03	0.03	0.05
16				0.04	0.03	0.03	0.07
17				0.03	0.03	0.03	0.08
18			0.03	0.03	0.03	0.03	0.05
19				0.03	0.03	0.03	0.05
20				0.03	0.06	0.04	0.06
21				0.03	0.03	0.03	0.05
22			0.03	0.03	0.03	0.03	0.04
23				0.04	0.06	0.04	0.06
24				0.03	0.03	0.03	0.05
25				0.03	0.03	0.03	0.05
26	0.03	0.03	0.03	0.03	0.03	0.04	0.04
27				0.04	0.03	0.03	0.08
28			0.03	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? <b>Yes / No</b>	CT's met everyday? (see back) <b>Yes / No</b>	All Cl2 residual at entry point ≥ 0.2 mg/l? <b>Yes / No</b>
All 4-hour turbidity readings ≤ 1 NTU? <b>Yes / No</b>		
All turbidity readings < IFE <sup>2</sup> triggers <b>Yes / No</b>		

Notes:

PRINTED NAME: Hunter Harris	DATE: 3/4/25
SIGNATURE: <i>Hunter Harris</i>	CERT #: 08801FE
PHONE #: 541-937-2776	

<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-25	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	1	66	66.0	7.9	6.98	22.0	Y	145
2	1.05	66	69.3	7.2	6.90	22.5	Y	145
3	0.99	66	65.3	7.8	6.91	21.6	Y	145
4	1.07	66	70.6	7.7	7.05	23.0	Y	145
5	0.93	66	61.4	8.0	7.08	22.4	Y	145
6	0.88	66	58.1	7.9	6.67	19.5	Y	145
7	0.84	66	55.4	7.3	6.99	22.5	Y	145
8	0.83	66	54.8	7.4	7.13	23.5	Y	145
9	0.92	66	60.7	7.4	7.02	22.8	Y	145
10	0.91	66	60.1	7.7	7.10	23.0	Y	145
11	0.86	66	56.8	7.7	7.04	22.4	Y	145
12	0.88	66	58.1	7.9	7.06	22.3	Y	145
13	0.94	66	62.0	7.7	7.05	22.7	Y	145
14	0.92	66	60.7	8.1	6.76	19.9	Y	145
15	0.92	66	60.7	7.2	6.80	21.4	Y	145
16	0.91	66	60.1	7.6	7.15	23.6	Y	145
17	0.83	66	54.8	7.4	6.94	22.0	Y	145
18	0.89	66	58.7	7.7	6.66	19.7	Y	145
19	0.91	66	60.1	7.9	6.81	20.5	Y	145
20	0.88	66	58.1	8.2	7.03	21.6	Y	145
21	0.85	66	56.1	8.0	6.96	21.3	Y	145
22	0.9	66	59.4	8.2	7.06	21.9	Y	145
23	0.82	66	54.1	8.9	7.11	21.1	Y	145
24	0.79	66	52.1	9.0	7.02	20.3	Y	145
25	0.84	66	55.4	8.9	6.74	18.6	Y	145
26	0.94	66	62.0	8.5	7.07	21.7	Y	145
27	0.58	66	38.3	8.7	6.91	19.4	Y	145
28	0.85	66	56.1	9.7	6.97	19.2	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