

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

County:

Lane

 Month/Year:

Mar-25

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	0.03	0.06
2				0.04			0.07
3			0.10	0.05	0.03	0.03	0.12
4			0.03	0.03	0.03	0.03	0.09
5			0.03	0.03		0.03	0.07
6			0.03	0.03	0.03	0.03	0.05
7			0.03	0.03	0.03	0.03	0.06
8			0.06	0.04			0.10
9				0.07	0.03	0.03	0.11
10			0.06	0.03	0.03	0.03	0.09
11			0.05	0.03	0.03	0.03	0.07
12			0.03	0.03	0.03		0.06
13				0.05	0.04	0.03	0.07
14	0.03	0.03	0.03	0.03		0.03	0.05
15			0.03	0.03	0.03	0.03	0.05
16			0.06	0.03	0.03	0.03	0.06
17	0.03	0.03	0.03	0.03	0.03	0.03	0.04
18			0.03	0.03	0.03	0.03	0.05
19			0.06	0.03	0.03	0.03	0.07
20					0.03	0.03	0.08
21				0.03	0.03	0.03	0.06
22				0.03	0.03	0.03	0.08
23				0.03	0.03	0.03	0.05
24			0.03	0.03	0.03	0.03	0.05
25			0.05	0.03		0.06	0.06
26	0.05	0.03	0.03	0.03	0.03	0.03	0.05
27	0.03	0.03	0.03	0.03	0.03	0.03	0.06
28				0.05	0.04	0.04	0.05
29				0.04	0.04	0.04	0.06
30				0.05	0.04	0.04	0.08
31				0.04	0.04	0.04	0.07

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes / No	CT's met everyday? (see back) Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes / No
All 4-hour turbidity readings ≤ 1 NTU? Yes / No		
All turbidity readings < IFE ² triggers Yes / No		

Notes:

PRINTED NAME: Hunter Harris	DATE: 4/1/25
SIGNATURE: <i>[Signature]</i>	CERT #: 08801FE
PHONE #: 541-937-2776	

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-25	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	8.7	6.92	20.0	Y	145
2	0.83	66	54.8	9.6	7.19	20.8	Y	145
3	0.88	66	58.1	9.2	7.00	20.1	Y	145
4	0.9	66	59.4	8.9	7.04	20.8	Y	145
5	0.88	66	58.1	9.0	7.04	20.6	Y	145
6	0.88	66	58.1	9.3	7.15	21.0	Y	145
7	0.85	66	56.1	9.1	6.99	20.1	Y	145
8	0.85	66	56.1	9.1	6.84	19.0	Y	145
9	0.74	66	48.8	9.1	7.06	20.3	Y	145
10	0.84	66	55.4	9.6	7.12	20.3	Y	145
11	0.84	66	55.4	9.3	6.80	18.5	Y	145
12	0.86	66	56.8	9.8	7.06	19.7	Y	145
13	0.74	66	48.8	9.5	7.04	19.6	Y	145
14	0.9	66	59.4	9.5	7.00	19.7	Y	145
15	0.85	66	56.1	9.7	6.99	19.3	Y	145
16	0.84	66	55.4	9.6	6.99	19.4	Y	145
17	0.83	66	54.8	9.1	6.91	19.5	Y	145
18	0.75	66	49.5	9.3	7.03	19.8	Y	145
19	0.77	66	50.8	9.6	6.93	18.8	Y	145
20	0.48	66	31.7	9.8	7.14	19.4	Y	145
21	0.84	66	55.4	9.5	7.02	19.7	Y	145
22	0.88	66	58.1	9.5	7.08	20.2	Y	145
23	0.83	66	54.8	9.1	7.09	20.7	Y	145
24	0.84	66	55.4	9.5	7.17	20.8	Y	145
25	0.9	66	59.4	9.5	7.03	19.9	Y	160
26	0.88	66	58.1	9.4	7.00	19.8	Y	160
27	0.88	66	58.1	10.1	7.11	19.7	Y	160
28	0.79	66	52.1	10.1	6.87	17.9	Y	160
29	0.81	66	53.5	9.6	6.92	18.9	Y	160
30	0.83	66	54.8	10.0	7.08	19.5	Y	160
31	0.85	66	56.1	10.1	7.02	19.0	Y	160

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

Revised October 2013