OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Lane

Month/Year: Apr-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			0.05	0.04	0.04	0.05	0.06
2			0.06	0.05	0.04	0.04	0.07
3				0.04	0.04	0.04	0.06
4				0.04	0.06		0.08
5							
6				0.06	0.05	0.04	0.12
7	0.04	0.04		0.04	0.04	0.04	0.05
8				0.04	0.03	0.03	0.07
9				0.04	0.04	0.04	0.06
10	0.04	0.04	0.04	0.04	0.04	0.04	0.05
11			0.04	0.04	0.03	0.03	0.05
12				0.04	0.03	0.03	0.08
13			0.04	0.04	0.04	0.04	0.05
14			0.04	0.04	0.04	0.04	0.05
15	0.03	0.03	0.04	0.05	0.06	0.05	0.07
16	0.04	0.04			0.05	0.04	0.08
17	0.03	0.03	0.03	0.03		0.08	0.11
18			0.04	0.04	0.05	0.04	0.10
19				0.05	0.05	0.04	0.07
20	0.03	0.03		0.05	0.07	0.04	0.10
21	0.03	0.03		0.06	0.07	0.04	0.11
22	0.03	0.03		0.06		0.05	0.12
23				0.03	0.04		0.08
24			0.05	0.05	0.05	0.04	0.07
25				0.03	0.05		0.08
26	0.05	0.04	0.04	0.05	0.05	0.03	0.11
27				0.04	0.04		0.10
28	0.03	0.03			0.05	0.04	0.08
29	0.03	0.03	0.03			0.11	0.14
30	0.05	0.04	0.04	0.06	0.06	0.04	0.08

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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE[2] triggers	Yes / No		

Notes:

PRINTED NAME: Hunter Harris

SIGNATURE: Hunter Harris **DATE:** 5/1/25

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	
Disinfection *Giardia* Log Inactiv:	0.5

System Name:	Lowell, City of	ID#: 4100492	Month/Year:	Apr-25

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	0.85	66	56.1	10.4	7.09	19.1	Y	160
2	0.85	66	56.1	10.2	7.05	19.1	Y	160
3	0.82	66	54.1	10.0	6.89	18.2	Y	160
4	0.82	66	54.1	9.6	7.02	19.5	Y	160
5								
6	0.77	66	50.8	10.3	7.03	18.6	Y	160
7	0.89	66	58.7	10.4	7.05	18.9	Y	160
8	0.81	66	53.5	10.2	7.00	18.6	Y	160
9	0.83	66	54.8	10.2	6.96	18.4	Y	160
10	0.88	66	58.1	10.3	7.02	18.8	Y	160
11	0.79	66	52.1	10.6	6.91	17.6	Y	160
12	0.75	66	49.5	10.2	6.92	18.0	Y	160
13	0.92	66	60.7	10.4	7.01	18.7	Y	160
14	0.96	66	63.4	10.8	7.06	18.6	Y	160
15	0.96	66	63.4	10.6	7.13	19.3	Y	160
16	0.65	66	42.9	10.9	7.10	18.1	Y	160
17	0.85	66	56.1	10.6	7.13	19.1	Y	160
18	0.85	66	56.1	10.6	7.06	18.6	Y	160
19	0.86	66	56.8	10.5	7.00	18.4	Y	160
20	0.94	66	62.0	10.8	6.96	18.0	Y	160
21	0.94	66	62.0	10.8	7.13	19.0	Y	160
22	0.94	66	62.0	11.0	7.03	18.2	Y	160
23	0.9	66	59.4	10.4	7.07	19.0	Y	160
24	0.88	66	58.1	10.8	7.06	18.5	Y	160
25	0.88	66	58.1	10.8	7.02	18.2	Y	160
26	0.94	66	62.0	11.7	6.94	16.8	Y	160
27	0.83	66	54.8	10.4	7.08	19.0	Y	160
28	0.96	66	63.4	11.0	6.99	17.9	Y	160
29	0.61	66	40.3	11.2	7.01	17.2	Y	160
30	0.93	66	61.4	11.5	7.12	18.1	Y	160

[3] If Cl_2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised October 2013