

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County:	Lane
Month/Year:	Jul-25

Conventional or Direct Filtration

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	0.04	0.03	0.03	0.04		0.04	0.05
2			0.04	0.05	0.04		0.10
3	0.04	0.04	0.04	0.04	0.04	0.04	0.05
4			0.05	0.04	0.04	0.04	0.06
5				0.04	0.04	0.04	0.16
6			0.04	0.04	0.04	0.04	0.13
7	0.04	0.03	0.04	0.04	0.04	0.04	0.05
8	0.04	0.03	0.03	0.04	0.04		0.06
9	0.04	0.04	0.04	0.04			0.07
10	0.04	0.04	0.04		0.04	0.04	0.06
11			0.05	0.04	0.04	0.04	0.06
12			0.05	0.04	0.04	0.04	0.07
13	0.04	0.04	0.04	0.05	0.05	0.05	0.06
14	0.04	0.04	0.04	0.05	0.05	0.05	0.09
15	0.04	0.04	0.04	0.04	0.04	0.05	0.07
16	0.05	0.04	0.04	0.05	0.05	0.05	0.05
17			0.05	0.05	0.05	0.05	0.06
18			0.05	0.05	0.04	0.04	0.07
19			0.03	0.05	0.04	0.04	0.05
20	0.04	0.04	0.04	0.04	0.04	0.04	0.04
21	0.03	0.03	0.03	0.04	0.04	0.03	0.05
22	0.03	0.03	0.03	0.03	0.03	0.03	0.03
23	0.03	0.03	0.03	0.03			0.07
24	0.04	0.04	0.04	0.04	0.04	0.04	0.04
25			0.04	0.04	0.04	0.03	0.05
26	0.03	0.03	0.03	0.04	0.03	0.03	0.05
27			0.04	0.04	0.03	0.03	0.05
28	0.04	0.04	0.04	0.04	0.04	0.04	0.05
29			0.04	0.04	0.04	0.04	0.05
30	0.04	0.04	0.04	0.04	0.04	0.04	0.04
31			0.04	0.04	0.03	0.03	0.06

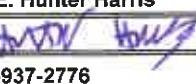
Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings \leq 0.3 NTU? Yes / NoCT's met everyday?
(see back)All Cl2 residual at entry point
 \geq 0.2 mg/l?All 4-hour turbidity readings \leq 1 NTU? Yes / No Yes / No Yes / NoAll turbidity readings < IFE² triggers Yes / No

Notes:

PRINTED NAME: Hunter Harris

SIGNATURE: 

DATE: 8/4/25

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 Efl. (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:	Jul-25	Disinfection Giardia Log Inactiv:	0.5
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	17.6	7.14	11.8	Y	185
2	0.75	66	49.5	18.9	7.18	10.9	Y	185
3	0.91	66	60.1	18.3	7.05	11.0	Y	185
4	0.73	66	48.2	18.5	7.03	10.6	Y	185
5	0.79	66	52.1	17.6	7.09	11.5	Y	185
6	0.85	66	56.1	17.7	7.17	11.9	Y	185
7	0.86	66	56.8	17.5	7.14	11.9	Y	185
8	0.9	66	59.4	17.7	7.17	12.0	Y	185
9	0.83	66	54.8	17.9	7.13	11.5	Y	185
10	0.85	66	56.1	18.3	7.18	11.5	Y	185
11	0.79	66	52.1	19.0	7.13	10.7	Y	185
12	0.84	66	55.4	18.7	7.18	11.2	Y	185
13	0.84	66	55.4	18.5	7.18	11.3	Y	185
14	0.84	66	55.4	19.1	7.22	11.0	Y	185
15	0.82	66	54.1	18.5	7.23	11.5	Y	185
16	0.86	66	56.8	18.6	7.30	11.8	Y	185
17	0.75	66	49.5	19.1	7.31	11.3	Y	185
18	0.7	66	46.2	19.0	7.25	11.0	Y	185
19	0.85	66	56.1	18.1	7.22	11.8	Y	185
20	0.81	66	53.5	17.3	7.18	12.2	Y	185
21	0.91	66	60.1	16.3	7.15	13.1	Y	185
22	0.88	66	58.1	15.1	7.05	13.6	Y	185
23	0.88	66	58.1	15.1	7.14	14.1	Y	185
24	0.9	66	59.4	15.3	7.22	14.3	Y	185
25	0.77	66	50.8	16.5	7.17	12.8	Y	185
26	0.89	66	58.7	15.7	7.15	13.6	Y	185
27	0.87	66	57.4	15.9	7.28	14.0	Y	185
28	0.9	66	59.4	16.1	7.19	13.4	Y	185
29	0.87	66	57.4	16.2	7.21	13.4	Y	185
30	0.89	66	58.7	15.9	7.24	13.8	Y	185
31	0.8	66	52.8	16.2	7.23	13.4	Y	185

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

Revised October 2013