

## OHA - Drinking Water Services -Turbidity Monitoring Report Form

## Conventional or Direct Filtration

County:

Lane

Month/Year:

Aug-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 <sup>1</sup> [NTU]
1				0.04	0.04	0.04	0.05
2	0.04	0.04	0.04	0.04	0.04	0.04	0.09
3	0.04	0.04	0.04	0.04	0.04	0.04	0.05
4			0.04	0.04	0.04		0.05
5	0.04	0.04	0.04	0.04	0.04	0.04	0.05
6	0.04	0.04	0.04			0.05	0.06
7	0.06	0.10		0.07	0.05	0.05	0.13
8			0.08	0.04	0.04	0.04	0.08
9	0.04	0.04	0.04	0.04	0.04	0.04	0.05
10				0.04	0.04	0.04	0.05
11	0.04	0.04	0.04	0.04	0.04	0.04	0.06
12	0.04	0.04	0.04	0.04	0.04	0.05	0.06
13	0.04	0.04	0.04	0.04	0.04	0.04	0.06
14				0.05	0.04	0.04	0.06
15			0.04	0.04	0.04		0.06
16	0.05	0.04	0.04	0.04	0.04	0.04	0.05
17			0.05	0.04	0.04	0.04	0.06
18			0.04	0.04	0.04	0.04	0.06
19				0.04	0.04	0.04	0.05
20	0.04	0.04	0.04	0.04	0.04	0.04	0.05
21			0.05	0.04	0.04	0.04	0.08
22	0.04	0.04	0.04	0.04	0.04	0.04	0.06
23	0.04	0.04	0.04		0.05	0.04	0.07
24	0.04	0.04	0.04	0.04	0.04	0.04	0.04
25			0.04	0.04	0.04	0.04	0.06
26			0.04	0.04	0.04	0.04	0.09
27	0.04	0.04	0.04	0.05	0.04	0.04	0.05
28			0.04	0.04	0.04	0.04	0.05
29	0.04	0.04	0.04	0.05	0.04	0.04	0.05
30	0.04	0.04	0.04	0.04	0.04	0.04	0.05
31	0.04			0.04	0.04	0.04	0.06

## Conventional or Direct Filtration

## Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings ≤ 0.3 NTU?

 Yes  NoCT'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  NoAll turbidity readings < IFE<sup>2</sup> triggers Yes  No

Notes:

PRINTED NAME: Hunter Harris

SIGNATURE: 

DATE: 9/4/25

PHONE #: 541-937-2776

CERT #:08801FE

<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:	Aug-25	Disinfection Giardia Log Inactiv:	0.5	
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	0.81	66	53.5	16.2	6.96	12.1	Y	185
2	0.85	66	56.1	16.3	7.00	12.3	Y	185
3	0.88	66	58.1	16.5	7.17	12.9	Y	185
4	0.79	66	52.1	16.4	6.91	11.7	Y	185
5	0.88	66	58.1	15.8	7.19	13.7	Y	185
6	0.9	66	59.4	16.2	7.18	13.3	Y	185
7	0.89	66	58.7	16.1	7.16	13.3	Y	185
8	0.79	66	52.1	16.3	7.21	13.2	Y	185
9	0.89	66	58.7	16.5	7.14	12.8	Y	185
10	0.88	66	58.1	17.3	7.24	12.6	Y	185
11	0.89	66	58.7	17.0	7.19	12.6	Y	185
12	0.9	66	59.4	15.0	7.27	14.9	Y	185
13	0.9	66	59.4	15.0	7.11	14.0	Y	185
14	0.79	66	52.1	16.9	7.32	13.2	Y	185
15	0.81	66	53.5	15.9	7.25	13.8	Y	185
16	0.88	66	58.1	15.8	7.05	13.0	Y	185
17	0.8	66	52.8	15.4	7.18	13.9	Y	185
18	0.79	66	52.1	15.8	7.25	13.8	Y	185
19	0.81	66	53.5	16.0	7.17	13.3	Y	185
20	0.74	66	48.8	15.5	7.22	13.9	Y	185
21	0.79	66	52.1	16.4	7.24	13.2	Y	185
22	0.9	66	59.4	16.0	7.23	13.7	Y	185
23	0.9	66	59.4	17.6	7.10	11.7	Y	185
24	0.9	66	59.4	17.9	7.18	11.9	Y	185
25	0.79	66	52.1	18.5	7.27	11.6	Y	185
26	0.77	66	50.8	18.5	7.09	10.8	Y	185
27	0.87	66	57.4	18.4	7.20	11.5	Y	185
28	0.79	66	52.1	19.0	7.20	10.9	Y	185
29	0.85	66	56.1	18.9	7.13	10.8	Y	185
30	0.87	66	57.4	18.8	7.17	11.1	Y	185
31	0.89	66	58.7	18.5	7.06	10.9	Y	185

<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