OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Lane

Month/Year: Sep-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				0.04	0.04	0.04	0.05
2	0.04	0.06	0.06	0.06	0.05	0.05	0.08
3			0.04	0.05	0.05	0.04	0.07
4	0.04	0.04	0.04	0.04	0.04	0.05	0.05
5				0.04	0.05	0.04	0.08
6				0.05	0.05	0.05	0.09
7				0.05	0.06	0.11	0.13
8				0.10	0.10	0.24	0.27
9	0.08	0.05	0.05	0.05	0.05		0.14
10			0.05	0.05	0.04	0.04	0.06
11			0.04	0.04	0.04		0.08
12				0.05	0.04	0.04	0.06
13				0.05	0.05	0.05	0.06
14				0.05	0.04	0.04	0.06
15			0.04	0.04	0.04	0.04	0.06
16			0.05		0.05	0.04	0.08
17			0.04	0.04	0.04	0.04	0.06
18			0.05	0.04	0.04	0.04	0.06
19			0.05	0.04	0.04	0.04	0.06
20			0.06	0.04	0.04	0.04	0.06
21			0.04	0.04	0.04	0.04	0.06
22				0.04	0.04		0.06
23				0.05	0.05	0.05	0.07
24				0.05	0.04	0.04	0.06
25			0.05	0.05	0.05	0.05	0.06
26			0.05	0.05	0.05		0.07
27			0.05	0.05	0.05	0.05	0.06
28				0.05	0.05	0.05	0.07
29				0.05	0.05	0.05	0.11
30			0.05	0.05			0.06
31							

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:** 10/6/25

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

System Name:	**Lowell, City of**	**ID#: 4100492**		**Month/Year:**	**Sep-25**	**WTP - : WTP-B**	
						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]	
	[ppm or mg/L]	[minutes]	**C X T**	[° C]		formula	Yes / No	
1	0.84	66	55.4	18.7	7.06	10.7	Y	185
2	0.8	66	52.8	18.9	7.17	10.9	Y	185
3	0.71	66	46.9	19.0	6.84	9.5	Y	185
4	0.86	66	56.8	18.4	7.13	11.2	Y	185
5	0.74	66	48.8	18.7	7.16	10.9	Y	185
6	0.55	66	36.3	19.1	7.15	10.4	Y	185
7	0.69	66	45.5	18.3	7.23	11.5	Y	185
8	0.74	66	48.8	17.7	7.14	11.6	Y	185
9	0.9	66	59.4	18.3	7.10	11.2	Y	175
10	0.79	66	52.1	17.5	7.13	11.8	Y	175
11	0.77	66	50.8	17.5	7.15	11.9	Y	175
12	0.85	66	56.1	17.6	7.14	11.8	Y	175
13	0.81	66	53.5	17.7	7.12	11.6	Y	175
14	0.77	66	50.8	18.2	7.06	10.9	Y	175
15	0.77	66	50.8	18.2	7.11	11.1	Y	175
16	0.5	66	33.0	18.3	7.19	11.1	Y	175
17	0.74	66	48.8	18.4	7.13	11.0	Y	175
18	0.69	66	45.5	18.8	7.18	10.9	Y	175
19	0.72	66	47.5	19.0	7.16	10.7	Y	175
20	0.77	66	50.8	19.4	7.18	10.6	Y	175
21	0.7	66	46.2	19.3	7.22	10.7	Y	175
22	0.67	66	44.2	19.2	7.18	10.6	Y	175
23	0.61	66	40.3	19.3	7.18	10.4	Y	175
24	0.78	66	51.5	19.9	7.16	10.1	Y	175
25	0.75	66	49.5	19.7	7.20	10.4	Y	175
26	0.7	66	46.2	20.0	7.16	10.0	Y	175
27	0.75	66	49.5	19.6	7.14	10.2	Y	175
28	0.79	66	52.1	20.1	7.21	10.2	Y	175
29	0.46	66	30.4	20.0	7.21	9.9	Y	175
30	0.72	66	47.5	19.7	7.12	10.1	Y	175

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

Revised October 2013