

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lane

Conventional or Direct Filtration

Month/Year: Jan-26

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							
2				0.04	0.04	0.04	0.12
3				0.04	0.03	0.03	0.09
4				0.04	0.03	0.03	0.06
5			0.05	0.06	0.05	0.04	0.07
6			0.04	0.04			0.05
7			0.06	0.04	0.03	0.04	0.07
8				0.07	0.05	0.04	0.14
9			0.04	0.04	0.03		0.15
10			0.04	0.03	0.03	0.03	0.05
11							
12				0.03	0.03	0.03	0.08
13			0.03	0.03	0.04		0.06
14				0.06	0.04	0.03	0.10
15				0.03	0.03		0.06
16				0.05	0.04		0.06
17				0.04	0.03	0.03	0.07
18							
19				0.04	0.03	0.03	0.08
20			0.03	0.03	0.04		0.05
21			0.05	0.05	0.04	0.04	0.07
22				0.06	0.04	0.04	0.10
23				0.04	0.03	0.03	0.10
24			0.04				0.05
25							
26				0.04	0.03	0.03	0.11
27	0.03	0.03	0.03	0.04		0.06	0.09
28			0.04	0.04	0.03	0.03	0.06
29				0.05	0.04	0.03	0.10
30				0.03	0.03		0.05
31				0.03	0.03		0.06

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

Notes:	PRINTED NAME: Hunter Harris	
	SIGNATURE: <i>[Signature]</i>	DATE: 1/2/26
	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:	Jan-26	Disinfection Log Inactiv:	Giardia	0.5
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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>	
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	
1								
2	0.52	66	34.3	10.0	7.00	18.3	Y	145
3	0.69	66	45.5	9.6	6.93	18.7	Y	145
4	0.89	66	58.7	9.7	6.92	18.9	Y	145
5	0.89	66	58.7	10.0	6.97	18.9	Y	145
6	0.92	66	60.7	9.6	7.09	20.3	Y	145
7	0.94	66	62.0	9.5	6.85	18.8	Y	145
8	0.85	66	56.1	9.6	6.91	18.9	Y	145
9	0.86	66	56.8	9.4	7.07	20.2	Y	145
10	0.91	66	60.1	9.4	7.04	20.1	Y	145
11								
12	0.92	66	60.7	9.6	7.12	20.5	Y	145
13	0.99	66	65.3	9.8	7.13	20.4	Y	145
14	0.96	66	63.4	9.1	7.00	20.4	Y	145
15	0.89	66	58.7	9.0	7.19	21.7	Y	145
16	0.96	66	63.4	8.9	7.09	21.3	Y	145
17	0.9	66	59.4	8.8	7.18	22.0	Y	145
18								
19	0.85	66	56.1	8.9	6.95	20.0	Y	145
20	0.96	66	63.4	8.5	7.05	21.6	Y	145
21	0.96	66	63.4	8.7	7.19	22.4	Y	145
22	0.69	66	45.5	8.3	7.19	22.3	Y	145
23	0.8	66	52.8	8.7	7.11	21.3	Y	145
24	0.85	66	56.1	8.2	6.92	20.8	Y	145
25								
26	0.72	66	47.5	8.5	7.06	21.1	Y	145
27	0.8	66	52.8	8.4	7.01	21.0	Y	145
28	0.79	66	52.1	8.6	7.06	21.1	Y	145
29	0.61	66	40.3	9.0	6.99	19.6	Y	145
30	0.81	66	53.5	9.2	6.91	19.3	Y	145
31	0.92	66	60.7	9.0	6.96	20.1	Y	145

<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