

OHA - Drinking Water Services -Turbidity Monitoring Report Form


County: Lane

Conventional or Direct Filtration

Month/Year: Feb-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 ¹ [NTU]
1							
2			0.05	0.03	0.03	0.03	0.09
3			0.04	0.04	0.06	0.04	0.07
4			0.04	0.04	0.04	0.04	0.06
5			0.04	0.04	0.04	0.04	0.05
6				0.04	0.04	0.04	0.05
7			0.05	0.05	0.04	0.04	0.07
8				0.04	0.04	0.04	0.10
9	0.04			0.04	0.05	0.04	0.06
10							
11				0.34	0.07	0.04	0.38
12			0.04	0.05	0.04	0.04	0.07
13			0.04				0.07
14							
15							
16			0.07	0.07	0.05	0.05	0.10
17	0.04	0.04	0.04	0.04	0.04	0.04	0.05
18			0.04	0.04	0.04	0.05	0.06
19				0.07	0.05	0.04	0.10
20				0.04	0.04		0.06
21				0.04	0.04	0.04	0.06
22				0.04	0.04	0.04	0.06
23				0.06	0.05	0.05	0.06
24			0.05	0.05	0.05	0.05	0.11
25			0.05	0.05	0.05	0.04	0.06
26	0.04			0.05	0.05		0.12
27				0.05	0.05	0.05	0.07
28							

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes/No <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	Yes/No <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU?	Yes/No <input checked="" type="radio"/> Yes / <input type="radio"/> No		All Cl2 residual at entry point ≥ 0.2 mg/l?
All turbidity readings < IFE ² triggers	Yes/No <input checked="" type="radio"/> Yes / <input type="radio"/> No		Yes/No <input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:		PRINTED NAME: Hunter Harris	
		SIGNATURE: 	DATE: 3/4/26
		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

System Name:	Lowell, City of	ID#: 4100492	Month/Year:	Feb-26	Disinfection <i>Giardia</i> Log Inactiv:	0.5
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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								
2	0.72	66	47.5	8.9	7.01	20.2	Y	145
3	0.84	66	55.4	8.8	7.05	20.9	Y	145
4	0.78	66	51.5	9.1	7.07	20.5	Y	145
5	0.79	66	52.1	8.8	7.14	21.4	Y	145
6	0.87	66	57.4	8.7	7.05	21.1	Y	145
7	0.77	66	50.8	8.9	7.07	20.7	Y	145
8	0.8	66	52.8	9.2	7.05	20.2	Y	145
9	0.75	66	49.5	9.2	7.09	20.4	Y	145
10								
11	0.79	66	52.1	8.7	7.13	21.5	Y	145
12	0.72	66	47.5	9.6	7.08	19.7	Y	145
13	0.87	66	57.4	9.1	7.08	20.7	Y	145
14								
15								
16	0.74	66	48.8	9.7	7.03	19.3	Y	145
17	0.83	66	54.8	8.9	7.11	21.1	Y	145
18	0.85	66	56.1	8.8	7.05	20.9	Y	145
19	0.63	66	41.6	8.6	7.07	20.8	Y	145
20	0.9	66	59.4	9.2	7.14	21.1	Y	145
21	0.9	66	59.4	8.8	7.15	21.7	Y	145
22	0.85	66	56.1	9.2	6.73	18.2	Y	145
23	0.66	66	43.6	9.4	7.12	20.1	Y	145
24	0.8	66	52.8	9.9	7.13	19.9	Y	145
25	0.89	66	58.7	9.3	7.14	20.9	Y	145
26	0.55	66	36.3	9.4	7.08	19.6	Y	145
27	0.85	66	56.1	9.2	7.13	20.9	Y	145
28								

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

Revised October 2013