

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

County:

Lane

## Conventional or Direct Filtration

Month/Year:

May-21

System Name:		Lowell, City Of		ID#:			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	0.03		0.04	0.03	0.03	0.03	0.04	
2				0.04	0.05	0.05	0.05	
3				0.04	0.03	0.03	0.04	
4	0.03	0.03		0.03	0.03	0.03	0.04	
5			0.03	0.03	0.03	0.03	0.04	
6			0.03	0.03	0.03	0.03	0.04	
7				0.03	0.03	0.03	0.04	
8				0.03	0.03	0.03	0.04	
9			0.03	0.04	0.03	0.03	0.05	
10					0.03	0.03	0.04	
11			0.03	0.03	0.03	0.03	0.04	
12	0.03	0.03	0.03	0.03		0.04	0.08	
13			0.04	0.03	0.03	0.03	0.04	
14	0.03	0.03	0.03	0.03	0.03	0.03	0.04	
15			0.05	0.03	0.03	0.03	0.05	
16	0.03	0.03	0.03	0.03	0.04		0.05	
17			0.05	0.04		0.03	0.06	
18						0.03	0.04	
19			0.05	0.09	0.04	0.03	0.11	
20			0.03	0.03		0.03	0.04	
21	0.03	0.03	0.03	0.05	0.04	0.03	0.06	
22			0.03	0.03	0.03	0.03	0.04	
23			0.03	0.03		0.06	0.07	
24			0.04	0.03	0.03	0.03	0.04	
25			0.03		0.03	0.03	0.04	
26			0.03		0.04	0.03	0.05	
27			0.03	0.03	0.03	0.03	0.04	
28	0.03	0.03	0.03	0.03	0.03		0.05	
29				0.04	0.04	0.03	0.05	
30	0.03	0.03	0.03	0.03	0.03	0.03	0.04	
31	0.03	0.03	0.03		0.04	0.03	0.04	
Conventional or Direct Filtration					Monthly Summary (Answer Yes or No)			
95% of 4-hour turbidity readings $\leq$ 0.3 NTU?			Yes / No	CT'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					
All turbidity readings < IFE <sup>2</sup> triggers			Yes / No	Yes / No		Yes / No		
Notes:					PRINTED NAME: Max Baker			
					SIGNATURE: Max Baker		DATE: 6/9/21	
					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:	May-21	Disinfection Giardia Log Inactiv:	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>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.92	66	60.7	12.6	6.89	15.2	Y	140
2	0.78	66	51.5	12.5	6.95	15.4	Y	140
3	0.87	66	57.4	13.1	6.96	15.0	Y	140
4	0.91	66	60.1	12.7	6.94	15.4	Y	140
5	0.93	66	61.4	13.8	6.92	14.2	Y	140
6	0.93	66	61.4	13.3	6.95	14.9	Y	140
7	0.9	66	59.4	12.8	6.97	15.4	Y	140
8	0.9	66	59.4	12.5	6.90	15.3	Y	140
9	0.9	66	59.4	12.9	7.00	15.5	Y	140
10	0.87	66	57.4	13.0	6.94	15.0	Y	140
11	0.81	66	53.5	13.6	6.92	14.2	Y	140
12	0.9	66	59.4	13.0	6.99	15.3	Y	155
13	0.86	66	56.8	13.9	6.97	14.3	Y	155
14	0.85	66	56.1	13.1	6.96	15.0	Y	155
15	0.8	66	52.8	14.3	6.99	13.9	Y	155
16	0.8	66	52.8	13.6	6.98	14.5	Y	155
17	0.78	66	51.5	14.2	7.03	14.2	Y	155
18	0.7	66	46.2	14.1	7.05	14.2	Y	155
19	0.72	66	47.5	13.9	7.08	14.6	Y	155
20	0.74	66	48.8	13.3	7.04	15.0	Y	155
21	0.8	66	52.8	12.7	7.09	16.0	Y	155
22	0.81	66	53.5	12.9	7.05	15.6	Y	155
23	0.83	66	54.8	13.5	7.10	15.3	Y	155
24	0.79	66	52.1	14.0	7.12	14.9	Y	155
25	0.8	66	52.8	13.7	7.03	14.7	Y	155
26	0.78	66	51.5	14.0	7.07	14.6	Y	155
27	0.76	66	50.2	14.0	7.10	14.7	Y	155
28	0.85	66	56.1	13.2	7.12	15.8	Y	155
29	0.77	66	50.8	13.4	7.06	15.1	Y	155
30	0.77	66	50.8	14.1	7.21	15.2	Y	155
31	0.71	66	46.9	14.1	7.11	14.6	Y	155

<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