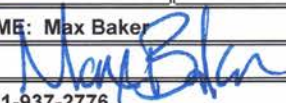


OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lane
 Month/Year: Jun-22

Conventional or Direct Filtration

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

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 ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes:	PRINTED NAME: Max Baker	DATE: 7/6/22
	SIGNATURE: 	CERT #: 08801FE
	PHONE #: 541-937-2776	

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:	Jun-22	Disinfection <i>Giardia</i> 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	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.65	81	52.7	13.7	7.07	14.6	Y	170
2	0.63	81	51.0	14.4	7.19	14.6	Y	170
3	0.61	81	49.4	14.6	7.07	13.7	Y	170
4	0.66	81	53.5	14.6	7.13	14.1	Y	170
5	0.77	81	62.4	13.3	7.07	15.3	Y	170
6	0.79	81	64.0	12.5	7.07	16.1	Y	170
7	0.82	81	66.4	13.1	7.01	15.2	Y	170
8	0.75	81	60.8	13.0	7.08	15.6	Y	170
9	0.79	81	64.0	12.8	6.99	15.3	Y	170
10	0.58	81	47.0	13.5	7.02	14.5	Y	170
11	0.77	81	62.4	12.8	6.98	15.3	Y	170
12								
13	0.61	81	49.4	13.2	7.12	15.4	Y	170
14	0.76	81	61.6	13.4	7.04	15.0	Y	170
15	0.73	81	59.1	13.1	7.02	15.1	Y	170
16	0.71	81	57.5	13.6	7.07	14.8	Y	170
17	0.61	81	49.4	12.9	6.94	14.7	Y	170
18	0.81	81	65.6	12.5	6.97	15.6	Y	170
19								
20	0.59	81	47.8	13.0	6.98	14.7	Y	170
21	0.8	81	64.8	12.8	7.00	15.4	Y	170
22	0.78	81	63.2	13.7	7.05	14.8	Y	170
23	0.75	81	60.8	14.0	7.07	14.5	Y	170
24	0.68	81	55.1	13.8	7.06	14.5	Y	170
25	0.79	81	64.0	14.0	7.01	14.3	Y	170
26	0.65	81	52.7	14.6	7.07	13.8	Y	170
27	0.81	81	65.6	16.3	7.05	12.4	Y	170
28	0.83	81	67.2	15.2	7.16	14.0	Y	170
29	0.65	81	52.7	14.0	7.17	14.9	Y	170
30	0.76	81	61.6	13.9	7.13	15.0	Y	170

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

Revised October 2013