

OHA - Drinking Water Services -Turbidity Monitoring Report Form  
 Conventional or Direct Filtration

County: Lane  
 Month/Year: Oct-22

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				0.04	0.04	0.04	0.05
2			0.04	0.04	0.04	0.04	0.04
3			0.07	0.04	0.04	0.04	0.07
4			0.04	0.04	0.04	0.04	0.05
5				0.04	0.04		0.05
6			0.04		0.04		0.05
7				0.04	0.04	0.04	0.07
8			0.04	0.04	0.04	0.04	0.06
9			0.12	0.04	0.04	0.04	0.12
10			0.04	0.04	0.04	0.04	0.04
11				0.04	0.04		0.04
12			0.04	0.04	0.04	0.04	0.05
13			0.04	0.04	0.04		0.05
14			0.07	0.04	0.04		0.70
15			0.05	0.04	0.04	0.04	0.05
16			0.04	0.04	0.04	0.04	0.05
17			0.05	0.04	0.04		0.05
18			0.04	0.04	0.04	0.04	0.04
19			0.06	0.04	0.04		0.06
20			0.05	0.04	0.04		0.05
21			0.04	0.04	0.04		0.04
22			0.05	0.04	0.04		0.05
23				0.04	0.04	0.04	0.05
24			0.06	0.05	0.04		0.07
25			0.06	0.04	0.04		0.06
26			0.06	0.04	0.04		0.06
27			0.05				0.05
28			0.04	0.03	0.03	0.03	0.04
29			0.04	0.03	0.03		0.04
30				0.04	0.04		0.05
31			0.04	0.04	0.04		0.04

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: Max Baker *Max Baker*  
 SIGNATURE: DATE: 11/9/22  
 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: Oct-22 Disinfection *Giardia* Log Inactiv: 0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	0.78	66	51.5	16.9	7.21	12.6	Y	185
2	0.78	66	51.5	17.0	7.26	12.8	Y	185
3	0.7	66	46.2	17.0	7.24	12.6	Y	185
4	0.79	66	52.1	17.0	7.24	12.7	Y	185
5	0.79	66	52.1	17.1	7.19	12.4	Y	185
6	0.79	66	52.1	17.0	7.30	13.0	Y	185
7	0.85	66	56.1	17.0	7.28	13.0	Y	185
8	0.8	66	52.8	17.2	7.18	12.3	Y	185
9	0.54	66	35.6	17.5	7.22	11.9	Y	185
10	0.82	66	54.1	17.4	7.05	11.6	Y	185
11	0.78	66	51.5	17.5	7.24	12.3	Y	185
12	0.74	66	48.8	17.4	7.18	12.0	Y	185
13	0.78	66	51.5	17.3	7.15	12.0	Y	185
14	0.77	66	50.8	17.2	7.14	12.1	Y	185
15	0.78	66	51.5	17.0	7.15	12.3	Y	185
16	0.77	66	50.8	16.9	7.24	12.8	Y	185
17	0.75	66	49.5	17.2	7.18	12.2	Y	185
18	0.74	66	48.8	17.1	7.15	12.1	Y	185
19	0.8	66	52.8	17.2	7.14	12.1	Y	185
20	0.77	66	50.8	17.0	7.17	12.4	Y	185
21	0.7	66	46.2	16.9	7.20	12.5	Y	185
22	0.75	66	49.5	16.7	7.12	12.3	Y	185
23	0.73	66	48.2	16.3	7.19	13.0	Y	185
24	0.79	66	52.1	16.6	7.19	12.8	Y	185
25	0.71	66	46.9	16.5	7.16	12.6	Y	185
26	0.75	66	49.5	16.4	7.19	12.9	Y	185
27	0.83	66	54.8	16.3	7.12	12.8	Y	185
28	0.85	66	56.1	16.5	7.19	13.0	Y	185
29	0.81	66	53.5	16.6	7.17	12.8	Y	185
30	0.76	66	50.2	16.4	7.20	13.0	Y	185
31	0.74	66	48.8	16.5	7.21	12.9	Y	185

<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