

**OHA - Drinking Water Services - Surface Water Quality Data Form**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

County: **Lincoln**  
 Month/Year: **Oct-21**

System Name: **Barclay Meadows Water Co-Op** ID#: **39** WTP : **TP -**

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				0.00			
2				0.00			
3				0.00			
4				0.00			
5				0.00			
6				0.00			
7				0.00			
8				0.00			
9				0.00			
10				0.00			
11				0.00			
12				0.00			
13				0.00			
14				0.00			
15				0.00			
16				0.00			
17				0.00			
18				0.00			
19				0.00			
20				0.00			
21				0.00			
22				0.00			
23				0.00			
24				0.00			
25				0.00			
26				0.00			
27				0.00			
28				0.00			
29				0.00			
30				0.00			
31				0.00			

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <b>Yes</b>	CT's met everyday? (see back) <b>Yes</b>	All Cl2 residual at entry point ≥ 0.2 mg/l? <b>Yes</b>
All daily turbidity readings ≤ 5 NTU? <b>Yes</b>		

<b>Notes:</b>	<b>PRINTED NAME: Robert Riecke</b>	
	<b>SIGNATURE:</b>	<b>DATE: October 2021</b>
	<b>PHONE #: ( 541 ) 528-3257</b>	<b>CERT #:</b>

<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> Filtered systems only.

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WTP- :  
 Disinfection *Giardia* Log  
 Inactiv: 1.0

System Name: Barclay Meadows Water Co-Op ID#: 39 Month/Year:

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]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1	0.77	1440	1108.8	12.9	7.80	41.0	YES	2035
2	0.8	1440	1152.0	12.3	7.80	42.9	YES	2865
3	0.96	1440	1382.4	10.9	7.80	47.9	YES	3350
4	1.1	1440	1584.0	12.2	7.80	44.7	YES	2850
5	0.86	1440	1238.4	12.2	7.80	43.5	YES	1405
6	0.8	1440	1152.0	11.1	7.80	46.4	YES	1395
7	0.7	1440	1008.0	10.5	7.80	47.8	YES	2170
8	1.11	1440	1598.4	11.0	7.80	48.4	YES	2655
9	1.14	1440	1641.6	12.0	7.80	45.5	YES	3410
10	1.3	1440	1872.0	11.5	7.80	47.9	YES	3115
11	0.64	1440	921.6	10.3	7.80	48.1	YES	4210
12	0.4	1440	576.0	10.1	7.80	47.4	YES	3915
13	1.04	1440	1497.6	10.1	7.80	51.0	YES	3215
14	0.58	1440	835.2	11.3	7.80	44.7	YES	3590
15	0.47	1440	676.8	11.0	7.80	45.0	YES	3775
16	0.32	1440	460.8	11.0	7.80	44.3	YES	2750
17	0.32	1440	460.8	11.0	7.80	44.3	YES	6385
18	0.32	1440	460.8	11.0	7.80	44.3	YES	720
19	0.038	1440	54.7	11.0	7.80	42.9	YES	675
20	0.46	1440	662.4	11.0	7.80	45.0	YES	815
21	0.77	1440	1108.8	11.0	7.80	46.6	YES	740
22	0.72	1440	1036.8	11.0	7.80	46.3	YES	1525
23	0.6	1440	864.0	11.8	7.80	43.4	YES	1165
24	0.35	1440	504.0	11.6	7.80	42.7	YES	1635
25	0.41	1440	590.4	11.0	7.80	44.7	YES	1475
26	0.46	1440	662.4	11.3	7.80	44.1	YES	1305
27	0.37	1440	532.8	12.0	7.80	41.7	YES	1235
28	2.2	1440	3168.0	13.3	7.80	47.0	YES	1365
29	1.68	1440	2419.2	12.6	7.80	46.4	YES	1245
30	0.83	1440	1195.2	11.3	7.90	47.6	YES	1450
31	0.79	1440	1137.6	14.3	7.80	37.5	YES	2185

<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 July 2018

Return by 10th of following month by email, fax, or mail to:  
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350