

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

County: **Lincoln**  
 Month/Year: **Feb-22**

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							
30							
31							

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>1-Mar-22</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	1.04	1440	1497.6	7.2	7.30	51.8	YES	735
2	0.98	1440	1411.2	7.1	7.30	51.8	YES	720
3	1.03	1440	1483.2	7.9	7.30	49.4	YES	900
4	0.92	1440	1324.8	7.8	7.20	47.4	YES	990
5	0.92	1440	1324.8	7.8	7.20	47.4	YES	840
6	1.01	1440	1454.4	7.5	7.30	50.6	YES	1185
7	1.17	1440	1684.8	8.8	7.30	47.3	YES	1210
8	0.99	1440	1425.6	8.3	7.30	47.9	YES	670
9	0.89	1440	1281.6	8.0	7.20	46.6	YES	810
10	1	1440	1440.0	8.4	7.20	46.0	YES	965
11	1.33	1440	1915.2	9.8	7.10	42.0	YES	1720
12	1.1	1440	1584.0	9.0	7.20	44.7	YES	1070
13	0.92	1440	1324.8	8.7	7.10	43.1	YES	1245
14	1.03	1440	1483.2	9.4	7.10	41.7	YES	1200
15	0.92	1440	1324.8	9.1	7.20	43.5	YES	1095
16	1.16	1440	1670.4	10.0	7.30	43.6	YES	935
17	0.85	1440	1224.0	8.9	7.30	45.3	YES	680
18	0.87	1440	1252.8	8.3	73.00	#####	NO	685
19	0.83	1440	1195.2	9.2	7.30	44.3	YES	1420
20	0.93	1440	1339.2	8.8	7.30	46.0	YES	1185
21	0.93	1440	1339.2	7.9	7.30	48.8	YES	1855
22	0.87	1440	1252.8	6.9	7.20	50.1	YES	1170
23	0.81	1440	1166.4	4.9	6.60	45.9	YES	1230
24	0.61	1440	878.4	5.1	7.30	56.8	YES	930
25	0.81	1440	1166.4	4.5	7.40	62.8	YES	675
26	0.79	1440	1137.6	6.0	7.20	52.7	YES	935
27	0.86	1440	1238.4	8.4	7.20	45.2	YES	1540
28	0.93	1440	1339.2	10.8	7.20	39.0	YES	1255
29								
30								
31								

<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