

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

County: Lincoln
 Month/Year: July 2021
 WTP: TP - Drift & Side Creek

System Name: Kernville Glensden Beach Lincoln Beach WD ID#: OR4100324

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			.03				.03
2			.03				.04
3			.03				.04
4			.03				.04
5			.03				.03
6			.03				.03
7			.03				.03
8			.03				.03
9			.03				.03
10			.03				.03
11			.03				.03
12			.03				.03
13			.03				.04
14			.03				.03
15			.03				.03
16			.03				.03
17			.05				.16
18			.05				.06
19			.05				.05
20			.05				.06
21			.04				.37
22			.04				.04
23			.05				.09
24			.04				.09
25			.03				.04
26			.03				.04
27			.03				.05
28			.03				.04
29			.03				.04
30			.03				.04
31			.03				.035

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings \leq 1 NTU? ²	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point \geq 0.2 mg/l?
All daily turbidity readings \leq 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:		PRINTED NAME: <u>Bill Neal</u>	
		SIGNATURE: <u>[Signature]</u>	DATE: <u>8-2-2021</u>
		PHONE #: <u>(541) 764-2475</u>	CERT #: <u>5160</u>

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 Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- : Drift & Side Creek

System Name: K-GB-LB Water District ID#: 4100324

Month/Year: July 2021

Disinfection Giardia Log Inactiv: 1.0

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]	CXT	[°C]		formula	Yes / No	[GPM]
1	1.5	74	111	10.9	6.9	40	yes	400
2	1.4	74	104	10.6	7.0	39	yes	400
3	1.4	74	104	10.7	7.0	39	yes	400
4	1.4	74	104	11.0	6.9	39	yes	400
5	1.2	74	89	11.1	6.9	38	yes	800
6	1.2	74	89	11.2	6.9	38	yes	800
7	1.3	74	96	11.2	7.0	39	yes	800
8	1.3	74	96	11.0	7.0	39	yes	800
9	1.3	74	96	10.6	6.9	39	yes	800
10	1.3	74	96	10.8	6.9	39	yes	800
11	1.3	74	96	11.2	7.0	39	yes	800
12	1.4	74	104	11.0	7.0	39	yes	400
13	1.4	74	104	11.0	7.0	39	yes	800
14	1.3	74	96	11.0	7.0	39	yes	800
15	1.3	74	96	11.0	7.0	39	yes	800
16	1.3	74	96	11.0	7.1	47	yes	800
17	1.3	74	96	11.0	7.1	47	yes	800
18	1.1	74	81	10.8	7.1	46	yes	800
19	1.2	74	89	10.8	7.1	46	yes	800
20	1.2	74	89	10.9	7.1	46	yes	800
21	1.4	74	104	11.0	7.1	47	yes	800
22	1.4	74	104	10.8	7.1	47	yes	800
23	1.2	74	89	10.8	7.1	46	yes	800
24	1.3	74	96	10.8	7.1	47	yes	800
25	1.3	74	96	11.0	7.1	47	yes	800
26	1.4	74	104	11.1	7.1	47	yes	800
27	1.4	74	104	11.3	7.1	47	yes	800
28	1.3	74	96	11.2	7.1	47	yes	800
29	1.1	74	81	11.1	7.1	45	yes	800
30	1.4	74	104	11.2	7.1	47	yes	800
31	1.4	74	104	11.3	7.1	47	yes	800

³ If Cl₂ 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