

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

County: Lincoln  
 Month/Year: SEPT 2022  
 WTP : TP - Drift & Side Creek

System Name: Kernville Gleneden 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 <sup>1</sup> [NTU]
1			.04				.04
2			.04				.04
3			.03				.04
4			.03				.03
5			.03				.04
6			.04				.04
7			.04				.04
8			.04				.19
9			.04				.05
10			.03				.05
11			.03				.05
12			.04				.05
13			.04				.04
14			.04				.04
15			.04				.04
16			.04				.04
17			.04				.04
18			.04				.04
19			.04				.04
20			.04				.04
21			.04				.04
22			.04				.18
23			.04				.04
24			.04				.04
25			.04				.04
26			.04				.04
27			.04				.05
28			.04				.04
29			.04				.04
30			.05				.31
31							

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> 95% of daily turbidity readings $\leq$ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes / No All daily turbidity readings $\leq$ 5 NTU? <input checked="" type="radio"/> Yes / No	<b>Monthly Summary (Answer Yes or No)</b>	
	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl2 residual at entry point $\geq$ 0.2 mg/l? <input checked="" type="radio"/> Yes / No
<b>Notes:</b>	PRINTED NAME: Bill Neal	
	SIGNATURE: Bill Neal	DATE: 10-3-2022
	PHONE #: (541) 764-2475	CERT #: 5160

<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.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP - : Drift & Side Creek

Disinfection Giardia Log

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

Month/Year: Sept 2022

Inactiv: 1.0

1.0

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]	C X T	[°C]		formula	Yes / No	[GPM]
1	1.3	74	96	16.8	7.0	26	yes	400
2	1.2	74	89	16.9	7.1	31	yes	400
3	1.1	74	81	16.4	7.0	25	yes	400
4	1.1	74	81	16.4	7.0	25	yes	400
5	1.2	74	89	16.3	7.1	31	yes	400
6	1.2	74	89	16.2	7.1	31	yes	400
7	1.4	74	104	15.8	7.0	26	yes	400
8	1.4	74	104	15.6	7.0	26	yes	800
9	1.1	74	81	14.9	7.1	46	yes	800
10	1.1	74	81	15	7.1	46	yes	800
11	1.0	74	74	15	7.1	30	yes	800
12	1.1	74	81	15.8	7.1	31	yes	800
13	1.1	74	81	15.9	7.0	25	yes	400
14	1.2	74	89	15.6	7.2	31	yes	400
15	1.2	74	89	15.5	7.1	31	yes	400
16	1.3	74	96	15.5	7.1	31	yes	400
17	1.3	74	96	14.8	7.1	47	yes	400
18	1.3	74	96	14.2	7.1	47	yes	400
19	1.3	74	96	14.2	7.1	47	yes	400
20	1.2	74	89	14.1	7.0	38	yes	800
21	1.5	74	111	16.4	7.3	32	yes	800
22	1.5	74	111	15.5	7.2	32	yes	800
23	1.5	74	111	15.3	7.2	32	yes	400
24	1.4	74	104	14.9	7.2	47	yes	400
25	1.3	74	96	14.5	7.1	47	yes	400
26	1.3	74	96	14.1	7.1	47	yes	400
27	1.3	74	96	14.0	7.1	47	yes	400
28	1.3	74	96	14.1	7.0	39	yes	400
29	1.3	74	96	14.2	7.0	39	yes	400
30	1.1	74	81	14.3	7.1	46	yes	400
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.dmcce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350