

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

County: Lincoln  
 Month/Year: March 2023  
 WTP: TP - Drift & Side Creek

System Name:	Kernville Gleneden Beach Lincoln Beach WD ID#: OR4100324						Highest Reading of the day <sup>1</sup> [NTU]
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	
1			.07				.08
2			.07				.07
3			.07				.07
4			.07				.07
5			.07				.07
6			.07				.07
7			.07				.07
8			.07				.07
9			.07				.07
10			.07				.07
11			.06				.11
12			.06				.07
13			.06				.07
14			.08				.07
15			.07				.07
16			.07				.07
17			.07				.07
18			.07				.07
19			.07				.07
20			.07				.07
21			.07				.07
22			.07				.07
23			.08				.08
24			.08				.09
25			.08				.09
26			.08				.16
27			.14				.45
28			.12				.14
29			.10				.11
30			.10				.11
31			.11				.11

<input checked="" type="checkbox"/> <b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	<b>Monthly Summary (Answer Yes or No)</b> 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	
	Notes:	
PRINTED NAME: <u>Bill Neal</u>		DATE: <u>4-3-2023</u>
SIGNATURE: <u>Bill Neal</u>		CERT #: <u>5160</u>
PHONE #: <u>541 764-2475</u>		

<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: March 2023

Inactiv:

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	°5.3	7.0	52	Yes	400
2	1.3	74	96	°5.6	7.0	52	Yes	400
3	1.4	74	104	°6.0	7.1	62	Yes	400
4	1.4	74	104	°6.1	7.1	62	Yes	400
5	1.3	74	96	°5.9	7.0	52	Yes	400
6	1.4	74	104	°6.1	6.9	52	Yes	400
7	1.4	74	104	°6.3	6.9	52	Yes	400
8	1.4	74	104	°6.4	6.9	52	Yes	400
9	1.4	74	104	°6.4	6.9	52	Yes	400
10	1.4	74	104	°6.5	7.1	62	Yes	400
11	1.4	74	104	°6.5	6.9	52	Yes	400
12	1.3	74	96	°6.8	7.0	52	Yes	400
13	1.4	74	104	°7.0	7.0	52	Yes	400
14	1.4	74	104	°7.3	7.0	52	Yes	400
15	1.4	74	104	°7.6	7.1	62	Yes	400
16	1.4	74	104	°8.0	7.1	62	Yes	400
17	1.4	74	104	°8.2	7.1	62	Yes	400
18	1.2	74	89	°8.3	7.0	51	Yes	400
19	1.1	74	81	°8.3	7.0	50	Yes	400
20	1.0	74	74	°8.7	7.1	60	Yes	400
21	1.1	74	81	°8.7	7.1	61	Yes	400
22	1.3	74	96	°8.9	7.2	62	Yes	400
23	1.3	74	96	°8.9	7.2	62	Yes	400
24	1.2	74	89	°8.6	7.1	61	Yes	400
25	1.1	74	81	°8.6	7.0	61	Yes	400
26	1.1	74	81	°8.1	7.1	61	Yes	400
27	1.2	74	89	°7.9	7.2	61	Yes	400
28	1.2	74	89	°7.9	7.1	61	Yes	400
29	1.3	74	96	°8.0	7.0	52	Yes	400
30	1.2	74	89	°8.1	6.9	51	Yes	400
31	1.3	74	96	°8.3	7.0	52	Yes	400

<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