

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

County: Lincoln
 Month/Year: 8-24
 WTP: TP - Drift & Side Creek

System Name:	Kernville Gleneden Beach Lincoln Beach WD ID#: OR4100324						WTP: TP - Drift & Side Creek
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			.04				.05
2			.03				.07
3			.02				.05
4			.02				.03
5			.02				.03
6			.03				.03
7			.03				.03
8			.03				.03
9			.03				.03
10			.03				.03
11			.03				.03
12			.03				.03
13			.03				.03
14			.03				.03
15			.03				.03
16			.03				.03
17			.03				.04
18			.03				.03
19			.03				.03
20			.03				.03
21			.03				.03
22			.03				.03
23			.03				.04
24			.02				.03
25			.02				.03
26			.02				.03
27			.02				.03
28			.02				.03
29			.02				.03
30			.02				.03
31			.02				.03

<p>Slow Sand/Membrane/DE Filtration/Unfiltered</p> <p>95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="checkbox"/> Yes / No</p> <p>All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No</p>	<p>Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No</p> <p>All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No</p>	
	<p>Notes:</p> <p>PRINTED NAME: <u>Michael L Baumann</u></p> <p>SIGNATURE: <u>[Signature]</u> DATE: <u>9-3-2024</u></p> <p>PHONE #: <u>(541) 764-2475</u> CERT #: <u>5124</u></p>	

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

Disinfection Giardia Log

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

Month/Year: 8-24

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	1.1	74	81	17.3	7.0	25	yes	800
2	.75	74	55	18.3	7.0	24	yes	800
3	.7	74	51.8	18.2	7.0	24	yes	400
4	1.0	74	74	18	7.0	25	yes	400
5	1.3	74	96.2	17.9	7.0	26	yes	400
6	1.3	74	96	17.9	7.0	26	yes	400
7	1.4	74	103	17.9	7.0	26	yes	400
8	1.4	74	103	17.8	7.0	26	yes	400
9	1.2	74	89	17.6	7.0	25	yes	800
10	1.0	74	74	17.6	7.0	25	yes	800
11	1.2	74	89	17.6	7.0	25	yes	400
12	1.3	74	96	17.9	7.0	25	yes	400
13	1.3	74	96	17.6	7.0	25	yes	400
14	1.3	74	96	16.9	7.0	25	yes	400
15	1.2	74	89	16.8	7.0	25	yes	400
16	1.3	74	96	16.8	7.0	25	yes	400
17	1.4	74	103	17.0	7.2	31	yes	400
18	1.4	74	103	16.7	7.0	26	yes	400
19	1.3	74	96	16.4	7.0	25	yes	400
20	1.3	74	96	16.3	7.0	25	yes	400
21	1.3	74	96	16.5	7.0	25	yes	400
22	1.3	74	96	16.7	7.4	31	yes	400
23	1.3	74	96	16.7	7.3	31	yes	400
24	1.3	74	96	16.2	7.3	31	yes	400
25	1.2	74	89	16.1	7.2	30	yes	400
26	1.3	74	96	16.1	7.1	31	yes	400
27	1.3	74	96	16.1	7.1	31	yes	400
28	1.4	74	103	16.2	7.0	26	yes	400
29	1.4	74	103	16.1	7.0	26	yes	400
30	1.4	74	103	16.0	7.3	31	yes	400
31	1.3	74	96	15.9	7.3	31	yes	400

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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350