

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

County: **Lincoln**
 Month/Year: **Jan-23**

System Name: Hiland WC - Bear Creek		ID#: 41 00482		WTP : TP - AB			
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	0.04	0.03	0.03	0.04	0.04	0.04	0.04
2	0.04	0.04	0.04	0.04	0.04	0.04	0.04
3	0.04	0.04	0.04	0.04	0.07	0.07	0.07
4	0.07	0.09	0.07	0.07	0.07	0.07	0.09
5	0.04	0.04	0.04	0.04	0.04	0.04	0.04
6	0.04	0.04	0.04	0.04	0.04	0.03	0.04
7	0.04	0.04	0.04	0.04	0.04	0.03	0.04
8	0.04	0.04	0.03	0.04	0.04	0.04	0.04
9	0.04	0.04	0.04	0.04	0.04	0.04	0.04
10	0.04	0.04	0.04	0.04	0.04	0.04	0.04
11	0.03	0.04	0.03	0.04	0.04	0.04	0.04
12	0.04	0.04	0.04	0.04	0.04	0.04	0.04
13	0.04	0.04	0.04	0.03	0.07	0.07	0.07
14	0.07	0.07	0.07	0.04	0.03	0.04	0.07
15	0.03	0.04	0.04	0.04	0.04	0.04	0.04
16	0.04	0.04	0.04	0.04	0.04	0.04	0.04
17	0.04	0.04	0.03	0.04	0.04	0.03	0.04
18	0.03	0.04	0.04	0.04	0.04	0.04	0.04
19	0.04	0.04	0.04	0.04	0.04	0.04	0.04
20	0.04	0.04	0.04	0.04	0.04	0.04	0.04
21	0.04	0.04	0.04	0.04	0.04	0.04	0.04
22	0.04	0.04	0.04	0.04	0.04	0.03	0.04
23	0.03	0.04	0.04	0.03	0.04	0.04	0.04
24	0.04	0.04	0.04	0.04	0.04	0.04	0.04
25	0.04	0.03	0.04	0.04	0.04	0.04	0.04
26	0.04	0.03	0.04	0.04	0.04	0.05	0.05
27	0.04	0.04	0.05	0.04	0.04	0.04	0.05
28	0.04	0.04	0.05	0.04	0.04	0.04	0.05
29	0.04	0.04	0.04	0.04	0.04	0.04	0.04
30	0.04	0.05	0.05	0.04	0.03	0.04	0.05
31	0.04	0.04	0.04	0.04	0.04	0.04	0.04

Slow Sand/Membrane/DE Filtration/Unfiltered 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No	
Notes: _____ _____ _____		PRINTED NAME: JJ Olson SIGNATURE: <i>Jeffrey Olson</i> DATE: 2-10-23 PHONE #: (503) 554-8333 CERT #: T-766039	

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 correspond to continuous readings' maximum. ² Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP - : **AB**

Disinfection

Giardia Log

Inactiv: **0.5**

System Name: Hiland WC - Bear Creek

ID#: 41 00482

Month/Year: Jan-23

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]	C X T	[° C]		formula	Yes / No	[GPM]
1	2.09	53	110.8	7.4	7.31	29.0	Yes	35
2	2.59	53	137.1	7.2	7.83	37.6	Yes	35
3	2.89	53	153.0	7.2	7.43	33.6	Yes	35
4	2.15	53	113.7	7.1	7.41	30.8	Yes	35
5	1.83	53	97.1	7.4	7.31	28.1	Yes	35
6	1.87	53	99.3	7.4	7.23	27.5	Yes	35
7	1.85	53	98.2	7.4	7.30	28.0	Yes	35
8	1.73	53	91.7	7.5	7.15	26.2	Yes	35
9	1.30	53	69.0	7.2	7.28	26.5	Yes	35
10	1.27	53	67.3	7.5	7.47	27.8	Yes	35
11	1.14	53	60.4	7.2	7.53	28.5	Yes	35
12	0.73	53	38.6	8.3	7.44	24.5	Yes	35
13	0.74	53	39.0	8.4	7.62	25.9	Yes	35
14	0.58	53	30.6	8.3	7.54	24.9	Yes	35
15	0.56	53	29.7	7.8	7.62	26.3	Yes	35
16	0.75	53	39.8	7.2	8.18	34.4	Yes	35
17	1.08	53	57.3	7.3	8.21	36.0	Yes	35
18	0.97	53	51.6	7.5	7.91	31.5	Yes	35
19	0.99	53	52.2	7.2	8.33	37.5	Yes	35
20	0.70	53	37.1	6.1	8.17	36.8	Yes	35
21	0.75	53	39.8	5.9	8.08	36.3	Yes	35
22	1.01	53	53.4	6.8	7.91	33.2	Yes	35
23	0.97	53	51.1	6.4	7.75	31.9	Yes	35
24	1.22	53	64.6	5.9	7.29	28.8	Yes	35
25	1.16	53	61.3	6.1	7.44	29.8	Yes	35
26	1.36	53	72.3	6.1	7.76	34.3	Yes	35
27	1.20	53	63.6	6.7	7.63	30.6	Yes	35
28	1.19	53	62.9	6.8	7.59	30.2	Yes	35
29	0.89	53	47.2	6.4	7.34	27.2	Yes	35
30	0.61	53	32.5	4.6	6.90	25.5	Yes	35
31	1.46	53	77.2	4.5	6.42	23.8	Yes	35

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised October 2013