

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lincoln

Conventional or Direct Filtration

Month/Year: Jan-21

System Name: Bay Hills Water Association		ID#: 41-00564		WTP : TP-A			
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							0.00
2							0.00
3							0.00
4							0.00
5	0.03	0.04	0.04	0.10			0.00
6							0.10
7							0.00
8							0.00
9							0.00
10							0.00
11							0.00
12							0.00
13	0.04	0.08	0.09	0.15			0.00
14							0.15
15							0.00
16							0.00
17							0.00
18	0.05	0.04	0.03	0.04			0.00
19							0.05
20							0.00
21							0.00
22							0.00
23							0.00
24	0.06	0.04	0.04	0.04			0.00
25							0.06
26							0.00
27							0.00
28							0.00
29							0.00
30	0.04	0.03	0.03	0.04			0.00
31							0.04

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings $\leq$ 0.3 NTU?	Yes	CT's met everyday? (see back)	All Cl2 residual at entry point $\geq$ 0.2 mg/l?
All 4-hour turbidity readings $\leq$ 1 NTU?	Yes	Yes	Yes
All turbidity readings < IFE ² triggers	Yes		

Notes:	PRINTED NAME: John MacKown	
	SIGNATURE:	2/1/21
	PHONE #: (541) 265-3245	CERT #: 6905

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 IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

TP-A

System Name: Bay Hills Water Association ID#: 41-00564

Month/Year:

Disinfection *Giardia*
Log Inactive:

0.5

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		426						
2		426						
3		426						
4		426						
5	0.65	426	276.9	10.8	7.20	18.9	YES	10.5
6		426						
7		426						
8		426						
9		426						
10		426						
11		426						
12		426						
13	1.24	426	528.2	11.5	7.10	18.6	YES	10.3
14		426						
15		426						
16		426						
17		426						
18	0.77	426	328.0	10.5	7.30	20.2	YES	11
19		426						
20		426						
21		426						
22		426						
23		426						
24	0.8	426	340.8	9.7	7.30	21.4	YES	11
25		426						
26		426						
27		426						
28		426						
29		426						
30	0.83	426	353.6	8.7	7.40	23.7	YES	11
31		426						

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