

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Lincoln**

Conventional or Direct Filtration

Month/Year: **Apr-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	0.03	0.04	0.04	0.04			0.04
2							0.00
3							0.00
4							0.00
5							0.00
6							0.00
7	0.03	0.04	0.04	0.04			0.04
8							0.00
9							0.00
10							0.00
11							0.00
12							0.00
13							0.00
14	0.04	0.03	0.04	0.04			0.04
15							0.00
16							0.00
17							0.00
18							0.00
19	0.05	0.05	0.05	0.05			0.05
20							0.00
21							0.00
22							0.00
23							0.00
24							0.00
25	0.06	0.05	0.05	0.08			0.08
26							0.00
27							0.00
28							0.00
29							0.00
30							0.00
31							0.00

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

Notes:	PRINTED NAME: John MacKown	
	SIGNATURE:	5/1/21
	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

System Name: Bay Hills Water Association				ID#: 41-00564	Month/Year: 21-Apr	WTP - : Disinfection <i>Giardia</i> Log Inactive:	TP-A 0.5
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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	0.54	426	230.0	9.4	7.30	21.2	YES	10.1
2		426						
3		426						
4		426						
5		426						
6		426						
7	0.52	426	221.5	9.8	7.00	18.5	YES	10.5
8		426						
9		426						
10		426						
11		426						
12		426						
13		426						
14	0.43	426	183.2	10.2	7.20	19.2	YES	10.3
15		426						
16		426						
17		426						
18		426						
19	0.42	426	178.9	10.5	7.30	19.4	YES	11
20		426						
21		426						
22		426						
23		426						
24		426						
25	0.31	426	132.1	10.8	7.30	18.8	YES	11
26		426						
27		426						
28		426						
29		426						
30		426						
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.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350