

OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration

County: **Lincoln**
 Month/Year: **May-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	0.07	0.07	0.09	0.09			0.09
2							0.00
3							0.00
4							0.00
5							0.00
6							0.00
7	0.12	0.08	0.07	0.08			0.12
8							0.00
9							0.00
10							0.00
11							0.00
12	0.07	0.06	0.06	0.06			0.07
13							0.00
14							0.00
15							0.00
16							0.00
17	0.06	0.06	0.07	0.15			0.15
18							0.00
19							0.00
20							0.00
21							0.00
22	0.06	0.06	0.10	0.30			0.30
23							0.00
24							0.00
25							0.00
26							0.00
27	0.06	0.07	0.07	0.08			0.08
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 Cl2 residual at entry point ≥ 0.2 mg/l? Yes
All 4-hour turbidity readings ≤ 1 NTU? Yes		
All turbidity readings < IFE ² triggers Yes		

Notes:	PRINTED NAME: John MacKown	
	SIGNATURE:	6/1/21
	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-May	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	0.41	426	174.7	11.4	7.00	16.5	YES	10.6
2		426						
3		426						
4		426						
5		426						
6		426						
7	0.34	426	144.8	13.5	7.00	14.0	YES	11
8		426						
9		426						
10		426						
11		426						
12	0.37	426	157.6	13.7	7.00	13.8	YES	10.7
13		426						
14		426						
15		426						
16		426						
17	0.4	426	170.4	14.0	7.00	13.6	YES	10.2
18		426						
19		426						
20		426						
21		426						
22	0.39	426	166.1	13.8	7.00	13.8	YES	11
23		426						
24		426						
25		426						
26		426						
27	0.37	426	157.6	14.0	7.10	14.1	YES	10.3
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