

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Lincoln

Month/Year: Aug-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	0.13	0.11	0.20	0.30			0.30		
4							0.00		
5							0.00		
6							0.00		
7	0.12	0.09	0.14	0.27			0.27		
8							0.00		
9							0.00		
10							0.00		
11							0.00		
12	0.17	0.15	0.18	0.30			0.30		
13							0.00		
14							0.00		
15							0.00		
16	0.10	0.07	0.10	0.07			0.10		
17							0.00		
18							0.00		
19							0.00		
20							0.00		
21							0.00		
22							0.00		
23	0.09	0.08	0.08	0.15			0.15		
24							0.00		
25							0.00		
26							0.00		
27							0.00		
28							0.00		
29	0.15	0.12	0.08	0.28			0.28		
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)		All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?		Yes	Yes		Yes
All turbidity readings < IFE ² triggers		Yes			

Notes:	PRINTED NAME: John MacKown	
	SIGNATURE:	9/1/21
	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:	21-Aug	Disinfection <i>Giardia</i> Log Inactive:	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		426						
2		426						
3	0.2	426	85.2	17.8	7.00	10.3	YES	11
4		426						
5		426						
6		426						
7	0.21	426	89.5	17.6	7.00	10.4	YES	10.2
8		426						
9		426						
10		426						
11		426						
12	0.33	426	140.6	17.7	7.00	10.5	YES	10.3
13		426						
14		426						
15		426						
16	0.45	426	191.7	17.8	7.00	10.6	YES	10
17		426						
18		426						
19		426						
20		426						
21		426						
22		426						
23	0.53	426	225.8	17.5	7.00	10.9	YES	10.2
24		426						
25		426						
26		426						
27		426						
28		426						
29	1.41	426	600.7	16.6	7.10	13.3	YES	10.1
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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350