OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Lincoln

Month/Year: Sep-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	0.15	0.08	0.08	0.15			0.15
5							0.00
6							0.00
7							0.00
8							0.00
9							0.00
10	0.12	0.08	0.07	0.08			0.12
11							0.00
12							0.00
13							0.00
14							0.00
15	0.11	0.06	0.06	0.07			0.11
16							0.00
17							0.00
18							0.00
19							0.00
20							0.00
21							0.00
22	0.10	0.07	0.08	0.24			0.24
23							0.00
24							0.00
25							0.00
26							0.00
27							0.00
28							0.00
29	0.13	0.07	0.08	0.20			0.20
30							0.00
31							0.00

Conventional or Direct Filtration	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	**Yes**
All 4-hour turbidity readings ≤ 1 NTU?	**Yes**
All turbidity readings < IFE[2] triggers	**Yes**

Monthly Summary (Answer Yes or No)	
CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
Yes	**Yes**

Notes:

PRINTED NAME: John MacKown

SIGNATURE: **10/1/21**

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
Disinfection *Giardia* Log Inactive:	0.5

System Name: **Bay Hills Water Association** **ID#: 41-00564** **Month/Year:** **21-Sep**

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	1.24	426	528.2	15.6	7.10	14.0	YES	10
5		426						
6		426						
7		426						
8		426						
9		426						
10	1.17	426	498.4	16.0	7.40	15.1	YES	10.2
11		426						
12		426						
13		426						
14		426						
15	0.71	426	302.5	15.8	7.40	14.5	YES	10.2
16		426						
17		426						
18		426						
19		426						
20		426						
21		426						
22	0.56	426	238.6	15.6	7.30	13.9	YES	10.5
23		426						
24		426						
25		426						
26		426						
27		426						
28		426						
29	0.5	426	213.0	15.3	7.20	13.6	YES	10.7
30		426						
31		426						

[3] If Cl_2 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