

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

County: **Lincoln**
 Month/Year: **Feb-22**

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							0.00
6	0.03	0.04	0.04	0.04			0.04
7							0.00
8							0.00
9							0.00
10							0.00
11							0.00
12							0.00
13							0.00
14	0.03	0.03	0.03	0.03			0.03
15							0.00
16							0.00
17							0.00
18							0.00
19							0.00
20							0.00
21	0.03	0.03	0.03	0.03			0.03
22							0.00
23							0.00
24							0.00
25							0.00
26							0.00
27	0.03	0.03	0.03	0.03			0.03
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:	3/1/22
	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:** 22-Feb **Disinfection *Giardia* Log Inactive:** 0.5

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1		426						
2		426						
3		426						
4		426						
5		426						
6	0.66	426	281.2	9.5	7.00	19.2	YES	11
7		426						
8		426						
9		426						
10		426						
11		426						
12		426						
13	0.63	426	268.4	9.9	7.00	18.6	YES	11
14		426						
15		426						
16		426						
17		426						
18		426						
19		426						
20		426						
21	0.68	426	289.7	9.6	7.20	20.5	YES	11
22		426						
23		426						
24		426						
25		426						
26		426						
27	0.71	426	302.5	8.4	7.10	21.5	YES	11
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