

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

County: **Lincoln**  
 Month/Year: **May-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 <sup>1</sup> [NTU]
1							0.00
2							0.00
3							0.00
4							0.00
5							0.00
6							0.00
7	0.04	0.03	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							0.00
15	0.04	0.03	0.03	0.03			0.04
16							0.00
17							0.00
18							0.00
19							0.00
20							0.00
21							0.00
22	0.03	0.04	0.04	0.04			0.04
23							0.00
24							0.00
25							0.00
26							0.00
27							0.00
28							0.00
29	0.04	0.04	0.04	0.04			0.04
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?	<b>Yes</b>	CT's met everyday? (see back)	<b>Yes</b>
All 4-hour turbidity readings ≤ 1 NTU?	<b>Yes</b>		All Cl2 residual at entry point ≥ 0.2 mg/l?
All turbidity readings < IFE <sup>2</sup> triggers	<b>Yes</b>		<b>Yes</b>

<b>Notes:</b>	<b>PRINTED NAME: John MacKown</b>	
	<b>SIGNATURE:</b>	<b>6/1/22</b>
	<b>PHONE #: (541) 265-3245</b>	<b>CERT #: 6905</b>

<sup>1</sup> 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. <sup>2</sup> 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-May

Disinfection *Giardia*  
Log Inactive:

0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1		426						
2		426						
3		426						
4		426						
5		426						
6		426						
7	0.47	426	200.2	12.2	7.00	15.8	YES	11
8		426						
9		426						
10		426						
11		426						
12		426						
13		426						
14		426						
15	0.45	426	191.7	12.0	7.00	16.0	YES	11
16		426						
17		426						
18		426						
19		426						
20		426						
21		426						
22	0.4	426	170.4	13.3	7.00	14.2	YES	11
23		426						
24		426						
25		426						
26		426						
27		426						
28		426						
29	0.42	426	178.9	13.4	7.00	14.2	YES	11
30		426						
31		426						

<sup>3</sup> If Cl<sub>2</sub> 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