

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lincoln

Conventional or Direct Filtration

Month/Year: Dec-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							
2							
3							
4	0.04	0.04	0.05	0.04			0.05
5							
6							
7							
8							
9							
10							
11	0.06	0.04	0.04	0.12			0.12
12							
13							
14							
15							
16							
17							
18	0.05	0.15	0.30				0.30
19							
20							
21							
22							
23	0.03	0.03	0.10				0.10
24							
25							
26							
27							
28	0.05	0.30	0.20				0.30
29							
30							
31							

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 Cl2 residual at entry point ≥ 0.2 mg/l? <b>Yes</b>
All 4-hour turbidity readings ≤ 1 NTU? <b>Yes</b>		
All turbidity readings < IFE <sup>2</sup> triggers <b>Yes</b>		

<b>Notes:</b>	<b>PRINTED NAME: John MacKown</b>	
	<b>SIGNATURE:</b>	<b>DATE:</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:**    **Disinfection *Giardia* Log Inactive:** 0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT <b>C X T</b>	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1		426						
2		426						
3		426						
4	0.68	426	289.7	8.9	7.00	20.0	YES	10
5		426						
6		426						
7		426						
8		426						
9		426						
10		426						
11	0.93	426	396.2	7.8	7.00	22.1	YES	10
12		426						
13		426						
14		426						
15		426						
16		426						
17		426						
18	1.19	426	506.9	9.8	7.00	20.0	YES	10.5
19		426						
20		426						
21		426						
22		426						
23	1.05	426	447.3	7.0	7.30	26.3	YES	11
24		426						
25		426						
26		426						
27		426						
28	1.18	426	502.7	10.2	7.20	20.8	YES	11
29		426						
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