

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lincoln

Conventional or Direct Filtration

Month/Year:

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	0.17	0.05	0.04	0.06			0.17
2							
3							
4							
5							
6							
7							
8							
9	0.03	0.05	0.10	0.12			0.12
10							
11							
12							
13							
14							
15							
16							
17	0.04	0.04	0.04	0.04			0.04
18							
19							
20							
21							
22							
23							
24							
25	0.04	0.04	0.04	0.04			0.04
26							
27							
28							
29							
30							
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <span style="float:right;"><b>Yes</b></span>	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l? <span style="float:right;"><b>Yes</b></span>
All 4-hour turbidity readings ≤ 1 NTU? <span style="float:right;"><b>Yes</b></span>	<b>Yes</b>	
All turbidity readings < IFE <sup>2</sup> triggers <span style="float:right;"><b>Yes</b></span>		

<b>Notes:</b>	<b>PRINTED NAME: John MacKown</b>	
	<b>SIGNATURE:</b>	<b>2/2/23</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**

<b>System Name:</b> Bay Hills Water Association				<b>ID#:</b> 41-00564		<b>Month/Year:</b> 23-Jan		<b>WTP - :</b>	<b>TP-A</b>
								<b>Disinfection <i>Giardia</i> Log Inactive:</b>	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	0.9	426	383.4	11.3	7.10	18.2	YES	11
2		426						
3		426						
4		426						
5		426						
6		426						
7		426						
8		426						
9	0.74	426	315.2	11.2	7.00	17.4	YES	11
10		426						
11		426						
12		426						
13		426						
14		426						
15		426						
16		426						
17	0.51	426	217.3	11.3	7.10	17.4	YES	11
18		426						
19		426						
20		426						
21		426						
22		426						
23		426						
24		426						
25	0.44	426	187.4	9.7	7.30	20.5	YES	11
26		426						
27		426						
28		426						
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