

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lincoln  
 Month/Year: Apr-24

Conventional or Direct Filtration

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	0.04	0.04	0.04	0.05			0.05
4							
5							
6							
7							
8							
9							
10							
11							
12							
13	0.05	0.04	0.05	0.05			0.05
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26	0.03	0.03	0.03	0.03			0.03
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> All 4-hour turbidity readings ≤ 1 NTU? <span style="float:right;"><b>Yes</b></span> All turbidity readings < IFE <sup>2</sup> triggers <span style="float:right;"><b>Yes</b></span>	CT's met everyday? (see back)  <span style="text-align:center;"><b>Yes</b></span>	All Cl2 residual at entry point ≥ 0.2 mg/l?  <span style="text-align:center;"><b>Yes</b></span>

<b>Notes:</b>	<b>PRINTED NAME:</b> John MacKown <b>SIGNATURE:</b> _____ <b>PHONE #:</b> (541) 265-3245
	<b>5/2/24</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> 24-Apr		<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> [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	0.62	426	264.1	11.2	7.20	18.3	YES	10.5
4		426						
5		426						
6		426						
7		426						
8		426						
9		426						
10		426						
11		426						
12		426						
13	0.64	426	272.6	11.4	7.10	17.5	YES	10.5
14		426						
15		426						
16		426						
17		426						
18		426						
19		426						
20		426						
21		426						
22		426						
23		426						
24		426						
25		426						
26	0.64	426	272.6	11.3	7.10	17.6	YES	10.5
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