

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lincoln

Conventional or Direct Filtration

Month/Year: Sep-24

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									
5									
6									
7	0.08	0.06	0.07	0.08	0.10		0.10		
8									
9									
10									
11									
12									
13									
14									
15	0.11	0.10	0.09	0.09			0.11		
16									
17									
18									
19									
20									
21									
22	0.12	0.10	0.09	0.08			0.12		
23									
24									
25									
26									
27									
28									
29									
30	0.07	0.07	0.07	0.07			0.07		
31									
<b>Conventional or Direct Filtration</b>					<b>Monthly Summary (Answer Yes or No)</b>				
95% of 4-hour turbidity readings ≤ 0.3 NTU?					Yes		CT's met everyday? (see back)		Yes
All 4-hour turbidity readings ≤ 1 NTU?					Yes		All Cl2 residual at entry point ≥ 0.2 mg/l?		Yes
All turbidity readings < IFE <sup>2</sup> triggers					Yes				
<b>Notes:</b>					<b>PRINTED NAME: John MacKown</b>				
					SIGNATURE:			10/1/24	
					PHONE #: (541) 265-3245			CERT #: 6905	

<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-Sep		<b>WTP - :</b> Disinfection <i>Giardia</i> Log Inactive:		<b>TP-A</b> 0.5
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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		426						
5		426						
6		426						
7	0.83	426	353.6	16.8	7.00	11.8	YES	10.5
8		426						
9		426						
10		426						
11		426						
12		426						
13		426						
14		426						
15	0.55	426	234.3	16.4	7.20	12.7	YES	10.5
16		426						
17		426						
18		426						
19		426						
20		426						
21		426						
22	0.51	426	217.3	15.4	7.00	12.5	YES	10.5
23		426						
24		426						
25		426						
26		426						
27		426						
28		426						
29		426						
30	0.69	426	293.9	14.9	7.50	15.9	YES	10.5
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](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350