OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Lincoln

Month/Year: Jun-25

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 [1] [NTU]
1							0.00
2							0.00
3							0.00
4							0.00
5	0.07	0.05	0.04	0.04	0.04		0.07
6							0.00
7							0.00
8							0.00
9							0.00
10							0.00
11	0.05	0.04	0.04	0.04	0.04		0.05
12							0.00
13							0.00
14							0.00
15							0.00
16							0.00
17							0.00
18	0.05	0.05	0.05	0.05	0.05		0.05
19							0.00
20							0.00
21							0.00
22							0.00
23							0.00
24							0.00
25	0.06	0.05	0.04	0.05	0.05		0.06
26	0.04	0.04	0.04	0.04			0.04
27							0.00
28							0.00
29							0.00
30							0.00
31							0.00

Conventional or Direct Filtration	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	**Yes**
All 4-hour turbidity readings ≤ 1 NTU?	**Yes**
All turbidity readings < IFE[2] triggers	**Yes**

Monthly Summary (Answer Yes or No)	
CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
Yes	**Yes**

Notes:

PRINTED NAME: John MacKown

SIGNATURE: **7/1/25**

PHONE #: (541) 265-3245 **CERT #: 6905**

[1] 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. [2] IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :	TP-A
Disinfection *Giardia* Log Inactive:	0.5

System Name: **Bay Hills Water Association** **ID#: 41-00564** **Month/Year:** **25-Jun**

Date / Time	Minimum Cl_2 Residual at 1st User (**C**) [3]	Contact Time (**T**)	Actual CT	Temp	pH	Required CT	CT Met? [3]	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	**C X T**	[° C]		formula	Yes / No	[GPM]
1		446						
2		446						
3		446						
4		446						
5	0.51	446	227.5	15.0	7.30	14.4	YES	10.5
6		446						
7		446						
8		446						
9		446						
10		446						
11	0.49	446	218.5	15.9	7.30	13.5	YES	10.5
12		446						
13		446						
14		446						
15		446						
16		446						
17		446						
18	0.57	446	254.2	16.3	7.30	13.3	YES	10.5
19		446						
20		446						
21		446						
22		446						
23		446						
24		446						
25	0.56	446	249.8	15.8	7.00	12.3	YES	10.5
26	0.64	446	285.4	16.2	7.00	12.1	YES	10.5
27		446						
28		446						
29		446						
30		446						
31		446						

[3] If Cl_2 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