

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lincoln

Conventional or Direct Filtration

Month/Year: Jul-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	0.05	0.05	0.06	0.06			0.06
2							0.00
3							0.00
4							0.00
5							0.00
6							0.00
7	0.08	0.06	0.06	0.05	0.07		0.08
8							0.00
9							0.00
10							0.00
11							0.00
12							0.00
13							0.00
14							0.00
15							0.00
16							0.00
17							0.00
18							0.00
19							0.00
20							0.00
21							0.00
22							0.00
23							0.00
24							0.00
25	0.20	0.25	0.10	0.20	0.30		0.30
26	0.15	0.16	0.16	0.30			0.30
27	0.17	0.14	0.20	0.30			0.30
28							0.00
29	0.14	0.16	0.22	0.30			0.30
30							0.00
31							0.00

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings $\leq$ 0.3 NTU? Yes	CT's met everyday? (see back)	All Cl2 residual at entry point $\geq$ 0.2 mg/l?
All 4-hour turbidity readings $\leq$ 1 NTU? Yes	Yes	Yes
All turbidity readings < IFE ² triggers Yes		

Notes:	PRINTED NAME: John MacKown	
	SIGNATURE:	8/1/25
	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 = Indiv. 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: 25-Feb

Disinfection *Giardia*
Log Inactive:

0.5

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	0.62	446	276.5	16.4	7.00	11.9	YES	10.5
2		446						
3		446						
4		446						
5		446						
6		446						
7	0.82	446	365.7	17.5	7.30	12.6	YES	10.5
8		446						
9		446						
10		446						
11		446						
12		446						
13		446						
14		446						
15		446						
16		446						
17		446						
18		446						
19		446						
20		446						
21		446						
22		446						
23		446						
24		446						
25	0.81	446	361.3	17.9	7.00	11.0	YES	10.5
26	0.42	446	187.3	18.2	7.60	12.9	YES	10.5
27	0.43	446	191.8	17.6	7.50	12.9	YES	10.5
28		446						
29	0.28	446	124.9	17.6	7.20	11.3	YES	10.5
30		446						
31		446						

³ If Cl₂ 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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350