

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lincoln
 Month/Year: Nov-25

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 ¹ [NTU]		
1							0.00		
2							0.00		
3							0.00		
4							0.00		
5							0.00		
6							0.00		
7	0.08	0.05	0.05	0.14	0.26		0.26		
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	0.06	0.05	0.05	0.08	0.10		0.10		
17							0.00		
18							0.00		
19							0.00		
20							0.00		
21							0.00		
22							0.00		
23							0.00		
24	0.04	0.03	0.03	0.08	0.12		0.12		
25							0.00		
26							0.00		
27							0.00		
28							0.00		
29							0.00		
30							0.00		
31							0.00		
Conventional or Direct Filtration				Monthly Summary (Answer Yes or No)					
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?			
All turbidity readings < IFE ² triggers		Yes				Yes			
Notes:				PRINTED NAME: John MacKown					
				SIGNATURE:			12/1/25		
				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

System Name: Bay Hills Water Association				ID#: 41-00564		Month/Year: 25-Nov		WTP - :	TP-A
								Disinfection <i>Giardia</i> Log Inactive:	0.5

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1		446						
2		446						
3		446						
4		446						
5		446						
6		446						
7	0.53	446	236.4	13.3	7.20	15.6	YES	10
8		446						
9		446						
10		446						
11		446						
12		446						
13		446						
14		446						
15		446						
16	0.58	446	258.7	13.4	7.00	14.4	YES	10
17		446						
18		446						
19		446						
20		446						
21		446						
22		446						
23		446						
24	0.69	446	307.7	11.7	7.50	19.8	YES	10
25		446						
26		446						
27		446						
28		446						
29		446						
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.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350