

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lincoln
 Month/Year: Dec-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	0.04	0.04	0.06	0.10			0.10
5							0.00
6							0.00
7							0.00
8							0.00
9							0.00
10	0.05	0.09	0.10	0.30			0.30
11							0.00
12							0.00
13							0.00
14							0.00
15	0.06	0.07	0.08	0.04			0.08
16							0.00
17							0.00
18							0.00
19							0.00
20							0.00
21							0.00
22							0.00
23	0.05	0.08	0.20	0.28			0.28
24							0.00
25							0.00
26	0.03	0.08	0.04	0.06	0.05		0.08
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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes	Yes	Yes
All turbidity readings < IFE ² triggers	Yes		

Notes:	PRINTED NAME: John MacKown	
	SIGNATURE:	1/1/26
	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

System Name: Bay Hills Water Association				ID#: 41-00564		Month/Year: 25-Dec		WTP - : Disinfection <i>Giardia</i> Log Inactive:	TP-A 0.5
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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	0.67	446	298.8	11.3	7.30	19.0	YES	10.5
5		446						
6		446						
7		446						
8		446						
9		446						
10	1.44	446	642.2	13.0	7.30	18.3	YES	10.5
11		446						
12		446						
13		446						
14		446						
15	1.31	446	584.3	12.5	7.00	16.7	YES	10.5
16		446						
17		446						
18		446						
19		446						
20		446						
21		446						
22		446						
23	1.11	446	495.1	11.9	7.20	18.5	YES	10.5
24		446						
25		446						
26	1.1	446	490.6	11.4	7.30	19.8	YES	10.5
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.

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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