

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lincoln
 Month/Year: Jan-26

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	0.04	0.03	0.04	0.04			0.04
4							0.00
5							0.00
6							0.00
7							0.00
8							0.00
9							0.00
10							0.00
11	0.03	0.03	0.04	0.04			0.04
12							0.00
13							0.00
14							0.00
15							0.00
16							0.00
17							0.00
18							0.00
19	0.04	0.03	0.04	0.03			0.04
20							0.00
21							0.00
22							0.00
23							0.00
24							0.00
25							0.00
26							0.00
27	0.05	0.03	0.03	0.03			0.05
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 Cl2 residual at entry point ≥ 0.2 mg/l? Yes
All 4-hour turbidity readings ≤ 1 NTU? Yes		
All turbidity readings < IFE ² triggers Yes		

Notes:	PRINTED NAME: John MacKown	
	SIGNATURE:	2/1/26
	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: 26-Jan	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	0.97	446	432.6	10.7	7.00	18.4	YES	10.5
4		446						
5		446						
6		446						
7		446						
8		446						
9		446						
10		446						
11	0.72	446	321.1	10.7	7.10	18.5	YES	10.5
12		446						
13		446						
14		446						
15		446						
16		446						
17		446						
18		446						
19	0.56	446	249.8	10.1	7.10	18.9	YES	10.5
20		446						
21		446						
22		446						
23		446						
24		446						
25		446						
26		446						
27	0.34	446	151.6	8.8	7.30	21.5	YES	10.5
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