

**OHA - Drinking Water Services - Surface Water Quality Data Form**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

County:	Lincoln
Month/Year:	Jan-23

System Name:		Hiland WC - Riverbend		ID#: 41 00601		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 <sup>1</sup> [NTU]
01	0.04	0.05	0.05	0.04	0.05	0.05	0.05
02	0.04	0.04	0.04	0.04	0.04	0.04	0.04
03	0.05	0.04	0.04	0.04	0.04	0.04	0.05
04	0.04	0.04	0.04	0.04	0.04	0.04	0.04
05	0.04	0.04	0.04	0.04	0.04	0.04	0.04
06	0.04	0.04	0.04	0.04	0.04	0.04	0.04
07	0.04	0.04	0.04	0.04	0.04	0.04	0.04
08	0.04	0.04	0.04	0.04	0.04	0.04	0.04
09	0.04	0.04	0.04	0.04	0.04	0.04	0.04
10	0.04	0.04	0.04	0.04	0.04	0.04	0.04
11	0.04	0.04	0.04	0.04	0.04	0.04	0.04
12	0.04	0.04	0.04	0.04	0.04	0.04	0.04
13	0.04	0.04	0.04	0.04	0.04	0.04	0.04
14	0.04	0.04	0.04	0.04	0.04	0.04	0.04
15	0.04	0.04	0.05	0.04	0.04	0.04	0.05
16	0.04	0.04	0.04	0.04	0.04	0.04	0.04
17	0.05	0.04	0.04	0.04	0.04	0.05	0.05
18	0.04	0.04	0.04	0.04	0.04	0.04	0.04
19	0.05	0.04	0.04	0.04	0.04	0.04	0.05
20	0.05	0.04	0.04	0.04	0.04	0.04	0.05
21	0.04	0.00	0.04	0.05	0.04	0.04	0.05
22	0.04	0.04	0.04	0.04	0.04	0.04	0.04
23	0.04	0.04	0.04	0.04	0.04	0.04	0.04
24	0.04	0.04	0.04	0.04	0.04	0.04	0.04
25	0.04	0.04	0.04	0.04	0.04	0.04	0.04
26	0.04	0.04	0.04	0.04	0.04	0.04	0.04
27	0.04	0.04	0.04	0.04	0.04	0.04	0.04
28	0.04	0.04	0.04	0.04	0.04	0.04	0.04
29	0.04	0.04	0.04	0.04	0.04	0.04	0.04
30	0.04	0.04	0.05	0.04	0.04	0.04	0.05
31	0.04	0.04	0.04	0.04	0.04	0.05	0.05

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>		Yes	No
All daily turbidity readings ≤ 5 NTU?		Yes	No
CT's met everyday? (see		All Cl2 residual at entry point	
PRINTED NAME: JJ Olson		Yes	
SIGNATURE: <i>Jeffrey Olson</i>		DATE: 2-10-23	
PHONE #: (503) 554-8333		CERT #: T766039	

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may correspond to continuous readings' maximum. <sup>2</sup> Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form							WTP- :	A
System Name: Hiland WC - Riverbend			ID#: 41 00601		Month/Year: Jan-23		Disinfection Giardia Log	Inactiv:
								0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
01	0.83	63	52.0	7.4	7.23	24.3	Yes	60
02	0.77	63	48.4	7.2	7.23	24.6	Yes	60
03	0.69	63	43.2	7.2	7.36	25.4	Yes	60
04	1.14	63	71.6	7.1	7.64	29.8	Yes	60
05	0.78	63	49.1	7.4	7.51	26.7	Yes	60
06	1.28	63	80.5	7.4	7.36	26.8	Yes	60
07	0.94	63	59.3	7.4	7.36	25.8	Yes	60
08	1.08	63	67.9	7.5	7.35	26.1	Yes	60
09	1.05	63	66.3	7.2	7.35	26.5	Yes	60
10	1.15	63	72.4	7.5	7.36	26.3	Yes	60
11	1.08	63	67.8	7.2	7.36	26.6	Yes	60
12	1.09	63	68.5	8.3	7.34	24.6	Yes	60
13	0.97	63	61.2	8.4	7.33	24.0	Yes	60
14	0.98	63	61.4	8.3	7.34	24.3	Yes	60
15	0.86	63	54.2	7.8	7.35	24.8	Yes	60
16	0.80	63	50.5	7.2	7.36	25.8	Yes	60
17	0.56	63	35.4	7.3	7.35	24.9	Yes	60
18	0.40	63	25.2	7.5	7.35	24.1	Yes	60
19	0.45	63	28.2	7.2	7.36	24.8	Yes	60
20	0.45	63	28.4	6.1	7.36	26.6	Yes	60
21	0.56	63	35.4	5.9	7.39	27.7	Yes	60
22	1.31	63	82.2	6.8	7.38	28.3	Yes	60
23	1.60	63	101.1	6.4	7.39	30.2	Yes	60
24	1.65	63	103.8	5.9	7.40	31.5	Yes	60
25	1.56	63	98.2	6.1	7.40	30.8	Yes	60
26	1.52	63	95.9	6.1	7.39	30.6	Yes	60
27	1.51	63	95.3	6.7	7.38	29.1	Yes	60
28	1.44	63	90.5	6.8	7.37	28.6	Yes	60
29	1.41	63	88.8	6.4	7.40	29.5	Yes	60
30	1.36	63	85.6	4.6	7.33	32.5	Yes	60
31	1.32	63	83.4	4.5	7.23	31.3	Yes	60

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised October 2013