

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lincoln

Conventional or Direct Filtration

Month/Year: Mar-24

System Name:

Siletz

ID#: 41 00821

WTP : TP -

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]
1	Off	Off	0.02	0.02	Off	Off	0.02
2	Off	Off	0.02	0.02	Off	Off	0.02
3	Off	Off	0.02	0.02	Off	Off	0.02
4	Off	Off	0.02	0.02	Off	Off	0.02
5	Off	Off	0.02	0.02	Off	Off	0.02
6	Off	Off	0.02	0.02	Off	Off	0.02
7	Off	Off	0.02	0.02	Off	Off	0.02
8	Off	Off	0.02	0.02	Off	Off	0.02
9	Off	Off	0.02	0.02	Off	Off	0.02
10	Off	Off	0.02	0.02	Off	Off	0.02
11	Off	Off	0.02	0.02	Off	Off	0.02
12	Off	Off	0.02	0.02	Off	Off	0.02
13	Off	Off	0.02	0.02	Off	Off	0.02
14	Off	Off	0.02	0.02	Off	Off	0.02
15	Off	Off	0.02	0.02	Off	Off	0.02
16	Off	Off	0.02	0.02	Off	Off	0.02
17	Off	Off	0.02	0.02	Off	Off	0.02
18	Off	Off	0.02	0.02	Off	Off	0.02
19	Off	Off	0.02	0.02	Off	Off	0.02
20	Off	Off	0.02	0.02	Off	Off	0.02
21	Off	Off	0.02	0.02	Off	Off	0.02
22	Off	Off	0.02	0.02	Off	Off	0.02
23	Off	Off	0.02	0.02	Off	Off	0.02
24	Off	Off	0.02	0.02	Off	Off	0.02
25	Off	Off	0.02	0.02	Off	Off	0.02
26	Off	Off	0.02	0.02	Off	Off	0.02
27	Off	Off	0.02	0.02	Off	Off	0.02
28	Off	Off	0.02	0.02	Off	Off	0.02
29	Off	Off	0.02	0.02	Off	Off	0.02
30	Off	Off	0.02	0.02	Off	Off	0.02
31	Off	Off	0.02	0.02	Off	Off	0.02

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings ≤ 0.3 NTU? **Yes**  
 All 4-hour turbidity readings ≤ 1 NTU? **Yes**  
 All turbidity readings < IFE<sup>2</sup> triggers **Yes**

CT's met everyday? (see back) **Yes**  
 All Ci2 residual at entry point ≥ 0.2 mg/l? **Yes**

Notes:

PRINTED NAME: Theodore LePine

SIGNATURE: 

PHONE #: (541) 444-2521

DATE: 4-2-24

CERT #: 348088

<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Err. (333-061-0040(1)(d)(B&C))

## OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Siletz		ID#: 41 00821	Month/Year: Mar-24	WTP - : Disinfection Giardia Log Inactive: 0.5
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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]
1	0.93	179	166.5	10.1	7.22	20.5	YES	350
2	0.92	179	164.7	10.5	7.11	19.2	YES	350
3	0.95	179	170.1	9.5	7.28	21.9	YES	350
4	0.93	179	166.5	9.4	7.20	21.3	YES	350
5	0.92	179	164.7	10.0	7.25	20.9	YES	350
6	0.9	179	161.1	10.0	7.17	20.2	YES	350
7	0.84	179	150.4	10.2	7.20	20.1	YES	350
8	0.92	179	164.7	9.3	7.21	21.5	YES	350
9	0.96	179	171.8	10.3	7.15	19.8	YES	350
10	0.91	179	162.9	9.4	7.25	21.7	YES	350
11	0.95	179	170.1	10.0	7.23	20.8	YES	350
12	0.94	179	168.3	10.5	7.16	19.6	YES	350
13	1.01	179	180.8	9.5	7.25	21.8	YES	350
14	0.89	179	159.3	11.4	7.39	19.9	YES	350
15	0.92	179	164.7	9.4	7.23	21.5	YES	350
16	1.02	179	182.6	9.9	7.21	20.9	YES	350
17	0.89	179	159.3	10.3	7.25	20.4	YES	350
18	0.95	179	170.1	11.1	7.20	19.1	YES	350
19	0.97	179	173.6	12.4	7.37	18.7	YES	350
20	0.89	179	159.3	11.4	7.29	19.2	YES	350
21	0.95	179	170.1	11.4	7.24	19.0	YES	350
22	0.9	179	161.1	11.4	7.23	18.9	YES	350
23	0.95	179	170.1	11.1	7.28	19.7	YES	350
24	0.93	179	166.5	10.9	7.28	19.9	YES	350
25	0.92	179	164.7	11.4	7.25	19.0	YES	350
26	0.92	179	164.7	11.0	7.31	20.0	YES	350
27	0.92	179	164.7	11.7	7.23	18.5	YES	350
28	0.88	179	157.5	11.9	7.26	18.4	YES	350
29	0.92	179	164.7	11.3	7.28	19.4	YES	350
30	0.9	179	161.1	10.9	7.30	20.0	YES	350
31	0.92	179	164.7	11.4	7.14	18.3	YES	350

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

Return by 10th of following month by email, fax, or mail to:  
PAGE 2 of 2

Revised July 2018