

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lincoln
 Month/Year: Jun-24

Conventional or Direct Filtration

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 ¹ [NTU]
1	Off	Off	0.02	0.02	Off	Off	0.02
2	Off	Off	0.02	0.02	0.02	Off	0.02
3	Off	Off	0.02	0.02	0.02	Off	0.02
4	Off	Off	0.02	0.02	0.02	Off	0.02
5	Off	Off	0.03	0.03	Off	Off	0.03
6	Off	Off	0.03	0.03	0.03	Off	0.03
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	0.02	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	0.02	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	0.02	Off	0.02
21	Off	Off	0.02	0.02	Off	Off	0.02
22	Off	Off	0.02	0.02	0.02	Off	0.02
23	Off	Off	0.02	0.02	Off	Off	0.02
24	Off	Off	0.02	0.02	0.02	Off	0.02
25	Off	Off	0.06	0.06	Off	Off	0.06
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	0.02	Off	0.02
30	Off	Off	0.02	0.02	Off	Off	0.02
31	Off	Off	0.00	0.00	Off	Off	0.00

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 < IFE² triggers **Yes**

CT's met everyday? (see back) **Yes**
 All Cl2 residual at entry point ≥ 0.2 mg/l? **Yes**

Notes:

PRINTED NAME: Theodore LePine

SIGNATURE:  Date: 7-1-24
 PHONE #: (541) 444-2521 CERT #: 348088

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 Eff. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

System Name:	Siletz	ID#: 41 00821	Month/Year:	Jun-24	Disinfection <i>Giardia</i> <i>Log Inactive:</i>	0.5
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.95	179	170.1	16.6	7.28	13.5	YES	350
2	0.93	179	166.5	16.1	7.25	13.8	YES	350
3	0.94	179	168.3	15.6	7.34	14.7	YES	350
4	0.96	179	171.8	16.0	7.27	14.0	YES	350
5	0.96	179	171.8	15.7	7.24	14.1	YES	350
6	0.95	179	170.1	16.1	7.22	13.7	YES	350
7	0.95	179	170.1	15.8	7.29	14.3	YES	350
8	0.93	179	166.5	16.2	7.27	13.8	YES	350
9	0.92	179	164.7	16.1	7.23	13.7	YES	350
10	0.92	179	164.7	16.2	7.20	13.4	YES	350
11	0.92	179	164.7	16.6	7.23	13.2	YES	350
12	0.95	179	170.1	16.1	7.29	14.0	YES	350
13	0.96	179	171.8	16.2	7.25	13.7	YES	350
14	0.94	179	168.3	18.3	7.13	11.4	YES	350
15	0.95	179	170.1	18.0	7.21	12.0	YES	350
16	0.89	179	159.3	16.6	7.23	13.2	YES	350
17	0.88	179	157.5	16.2	7.38	14.3	YES	350
18	0.89	179	159.3	16.8	7.26	13.1	YES	350
19	0.91	179	162.9	16.2	7.31	14.0	YES	350
20	0.9	179	161.1	16.4	7.22	13.3	YES	350
21	0.95	179	170.1	16.5	7.31	13.7	YES	350
22	0.94	179	168.3	16.8	7.28	13.3	YES	350
23	0.9	179	161.1	17.6	7.31	12.7	YES	350
24	0.92	179	164.7	17.0	7.30	13.2	YES	350
25	0.97	179	173.6	17.1	7.34	13.4	YES	350
26	0.94	179	168.3	17.2	7.30	13.1	YES	350
27	0.93	179	166.5	17.9	7.29	12.4	YES	350
28	0.9	179	161.1	17.3	7.23	12.6	YES	350
29	0.91	179	162.9	17.4	7.30	12.8	YES	350
30	0.86	179	153.9	18.6	7.29	11.7	YES	350
31	0	179	0.0	0.0	0.00	4.2	NO	350

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:

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