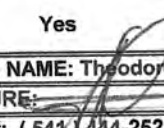


**OHA - Drinking Water Services -Turbidity Monitoring Report Form**  
**Conventional or Direct Filtration**

County: **Lincoln**  
 Month/Year: **Nov-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	0.05	0.05	Off	Off	0.05	
2	Off	Off	0.06	0.20	0.05	Off	0.20	
3	Off	Off	0.04	0.04	0.04	Off	0.04	
4	Off	Off	0.04	0.04	Off	Off	0.04	
5	Off	Off	0.11	0.11	0.11	Off	0.11	
6	Off	Off	0.05	0.05	0.05	Off	0.05	
7	Off	Off	0.03	0.04	0.04	Off	0.04	
8	Off	Off	0.04	0.15	Off	Off	0.15	
9	Off	Off	0.04	0.04	Off	Off	0.04	
10	Off	Off	0.03	0.03	Off	Off	0.03	
11	Off	Off	0.03	0.03	0.07	Off	0.07	
12	Off	Off	0.04	0.03	0.03	Off	0.04	
13	Off	Off	0.03	0.03	0.03	Off	0.03	
14	Off	Off	0.03	0.03	0.05	Off	0.05	
15	Off	Off	0.04	0.03	Off	Off	0.04	
16	Off	Off	0.03	0.03	Off	Off	0.03	
17	Off	Off	0.03	0.03	Off	Off	0.03	
18	Off	Off	0.03	0.05	0.03	Off	0.05	
19	Off	Off	0.03	0.03	Off	Off	0.03	
20	Off	Off	0.03	0.03	0.03	Off	0.03	
21	Off	Off	0.03	0.03	0.03	Off	0.03	
22	Off	Off	0.03	0.03	Off	Off	0.03	
23	Off	Off	0.03	0.03	0.03	Off	0.03	
24	Off	Off	0.03	0.03	Off	Off	0.03	
25	Off	Off	0.03	0.03	0.03	Off	0.03	
26	Off	Off	0.03	0.04	Off	Off	0.04	
27	Off	Off	0.03	0.03	0.03	Off	0.03	
28	Off	Off	0.03	0.03	Off	Off	0.03	
29	Off	Off	0.02	0.02	0.02	Off	0.02	
30	Off	Off	0.02	0.02	0.02	Off	0.02	

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<b>Yes</b>	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
All turbidity readings < IFE <sup>2</sup> triggers	<b>Yes</b>	PRINTED NAME: <b>Theodore LePine</b> SIGNATURE:  PHONE #: (541) 444-2521	
Notes:		DATE: <b>12-3-24</b>	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 Effl. (333-061-0040(1)(d)(B&C))

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

System Name: Siletz				ID#: 41 00821	Month/Year: Nov-24	WTP - : Disinfection <i>Giardia</i> 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	0.83	179	148.6	13.8	6.96	14.3	YES	350
2	0.88	179	157.5	14.9	7.02	13.6	YES	350
3	0.72	179	128.9	13.7	7.12	15.0	YES	350
4	0.68	179	121.7	14.0	7.32	15.8	YES	350
5	0.75	179	134.3	13.7	7.07	14.8	YES	350
6	0.75	179	134.3	13.7	7.10	15.0	YES	350
7	0.84	179	150.4	13.2	7.09	15.6	YES	350
8	0.87	179	155.7	13.8	7.10	15.1	YES	350
9	0.9	179	161.1	13.8	7.08	15.0	YES	350
10	0.81	179	145.0	12.9	7.12	16.0	YES	350
11	0.88	179	157.5	13.2	7.02	15.3	YES	350
12	0.92	179	164.7	13.7	7.19	15.8	YES	350
13	1.04	179	186.2	13.1	7.14	16.4	YES	350
14	0.88	179	157.5	12.6	7.56	19.4	YES	350
15	0.94	179	168.3	12.5	7.07	16.4	YES	350
16	0.91	179	162.9	13.1	7.12	16.0	YES	350
17	0.93	179	166.5	12.9	7.08	16.0	YES	350
18	1.02	179	182.6	11.9	7.01	17.2	YES	350
19	1.04	179	186.2	11.6	7.02	17.6	YES	350
20	0.72	179	128.9	10.9	7.13	18.5	YES	350
21	1.04	179	186.2	11.4	7.30	19.6	YES	350
22	1.06	179	189.7	11.5	7.01	17.7	YES	350
23	0.96	179	171.8	12.0	7.11	17.5	YES	350
24	0.97	179	173.6	10.5	7.13	19.5	YES	350
25	1.09	179	195.1	12.6	7.19	17.3	YES	350
26	1.07	179	191.5	10.6	7.15	19.7	YES	350
27	1.01	179	180.8	11.0	7.17	19.2	YES	350
28	1.03	179	184.4	11.2	7.21	19.3	YES	350
29	0.96	179	171.8	11.0	7.13	18.8	YES	350
30	1.06	179	189.7	10.8	7.09	19.0	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.

Revised July 2018

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

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