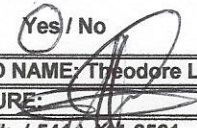


OHA - Drinking Water Services - Turbidity Monitoring Report Form  
 Conventional or Direct Filtration

County: Lincoln  
 Month/Year: Dec-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	0.03	0.03	0.03	Off	0.03	
3	Off	Off	0.03	0.03	Off	Off	0.03	
4	Off	Off	0.03	0.03	0.03	Off	0.03	
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	0.03	0.03	Off	Off	0.03	
8	Off	Off	0.03	0.03	Off	Off	0.03	
9	Off	Off	0.03	0.03	0.03	Off	0.03	
10	Off	Off	0.03	0.03	0.03	Off	0.03	
11	Off	Off	0.03	0.03	0.03	Off	0.03	
12	Off	Off	0.03	0.03	Off	Off	0.03	
13	Off	Off	0.03	0.03	0.03	Off	0.03	
14	Off	Off	0.03	0.03	Off	Off	0.03	
15	Off	Off	0.03	0.03	0.03	Off	0.03	
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	0.03	0.03	Off	0.03	
19	Off	Off	0.03	0.03	Off	Off	0.03	
20	Off	Off	0.03	0.03	Off	Off	0.03	
21	Off	Off	0.03	0.03	Off	Off	0.03	
22	Off	Off	0.03	0.03	0.03	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	Off	Off	0.03	
26	Off	Off	0.03	0.03	Off	Off	0.03	
27	Off	Off	0.03	0.03	Off	Off	0.03	
28	Off	Off	0.03	0.03	Off	Off	0.03	
29	Off	Off	0.03	0.03	Off	Off	0.03	
30	Off	Off	0.03	0.03	0.03	Off	0.03	
31	Off	Off	0.03	0.03	Off	Off	0.03	

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE <sup>2</sup> triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:	PRINTED NAME: Theodore LePine
	SIGNATURE: 
	PHONE #: (541) 444-2521
	DATE: 1-9-25
	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: <b>Siletz</b>				ID#: <b>41 00821</b>	Month/Year:	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> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	1.11	179	198.7	10.1	7.19	20.7	YES	350
2	1.21	179	216.6	9.6	7.20	21.7	YES	350
3	1.23	179	220.2	10.1	7.10	20.4	YES	350
4	1.00	179	179.0	9.6	7.41	22.9	YES	350
5	1.04	179	186.2	9.8	7.08	20.2	YES	350
6	0.95	179	170.1	9.8	7.02	19.6	YES	350
7	1.02	179	182.6	10.0	7.10	20.0	YES	350
8	0.85	179	152.2	10.2	7.11	19.5	YES	350
9	0.88	179	157.5	9.2	7.32	22.4	YES	350
10	0.81	179	145.0	9.7	7.12	20.1	YES	350
11	0.84	179	150.4	11.0	7.08	18.3	YES	350
12	0.87	179	155.7	10.2	7.08	19.3	YES	350
13	0.84	179	150.4	11.8	7.17	17.9	YES	350
14	0.86	179	153.9	11.3	7.32	19.5	YES	350
15	0.87	179	155.7	9.4	7.30	22.0	YES	350
16	0.85	179	152.2	9.4	7.48	23.3	YES	350
17	0.69	179	123.5	11.1	7.09	17.9	YES	350
18	0.76	179	136.0	10.7	7.11	18.7	YES	350
19	0.75	179	134.3	11.9	7.22	17.9	YES	350
20	0.87	179	155.7	11.3	7.07	17.9	YES	350
21	0.79	179	141.4	11.4	7.11	17.9	YES	350
22	0.84	179	150.4	11.1	7.08	18.1	YES	350
23	0.83	179	148.6	11.5	7.62	21.3	YES	350
24	0.81	179	145.0	12.6	7.29	17.4	YES	350
25	0.86	179	153.9	11.4	7.03	17.5	YES	350
26	0.83	179	148.6	11.7	7.07	17.4	YES	350
27	0.86	179	153.9	10.4	7.11	19.2	YES	350
28	0.86	179	153.9	11.2	7.02	17.7	YES	350
29	0.91	179	162.9	12.1	7.05	17.0	YES	350
30	0.78	179	139.6	11.3	7.29	19.1	YES	350
31	0.79	179	141.4	12.3	7.31	18.1	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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