

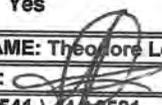
OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lincoln  
 Month/Year: Jan-26

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 [NTU]
1	Off	Off	0.05	0.05	Off	Off	0.05
2	Off	Off	0.05	0.05	0.05	Off	0.05
3	Off	Off	0.05	0.05	0.05	Off	0.05
4	Off	Off	0.05	0.05	Off	Off	0.05
5	Off	Off	0.05	0.05	0.05	Off	0.05
6	Off	Off	0.05	0.05	0.05	Off	0.05
7	Off	Off	0.05	0.05	Off	Off	0.05
8	Off	Off	0.05	0.05	0.05	Off	0.05
9	Off	Off	0.05	0.05	0.05	Off	0.05
10	Off	Off	0.05	0.05	Off	Off	0.05
11	Off	Off	0.03	0.03	0.03	Off	0.03
12	Off	Off	0.03	0.03	0.03	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	Off	Off	0.03
16	Off	Off	0.03	0.03	Off	Off	0.03
17	Off	Off	0.03	0.03	0.03	Off	0.03
18	Off	Off	0.03	0.03	Off	Off	0.03
19	Off	Off	0.03	0.03	0.03	Off	0.03
20	Off	Off	0.03	0.03	Off	Off	0.03
21	Off	Off	0.03	0.03	0.03	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	0.03	Off	0.03
25	Off	Off	0.03	0.03	0.03	Off	0.03
26	Off	Off	0.03	0.03	Off	Off	0.03
27	Off	Off	0.03	0.03	0.03	Off	0.03
28	Off	Off	0.03	0.03	0.03	Off	0.03
29	Off	Off	0.03	0.03	0.03	Off	0.03
30	Off	Off	0.03	0.03	0.03	Off	0.03
31	Off	Off	0.03	0.03	0.03	Off	0.03

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

Notes:	PRINTED NAME: Theodore LePine
	SIGNATURE: 
	DATE: 2-4-26
	PHONE #: (541) 447-2521
	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:	Jan-26	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	0.95	179	170.1	11.6	6.71	15.7	YES	350
2	0.91	179	162.9	12.4	6.77	15.2	YES	350
3	0.87	179	155.7	12.3	6.73	15.0	YES	350
4	0.8	179	143.2	12.8	6.83	14.5	YES	350
5	0.84	179	150.4	11.8	6.85	16.0	YES	350
6	0.84	179	150.4	13.2	6.95	14.8	YES	350
7	0.78	179	139.6	11.1	6.96	17.3	YES	350
8	0.74	179	132.5	10.7	6.91	17.4	YES	350
9	0.6	179	107.4	12.2	6.85	15.2	YES	350
10	0.72	179	128.9	11.6	6.97	16.7	YES	350
11	0.74	179	132.5	11.9	6.95	16.3	YES	350
12	0.82	179	146.8	10.8	6.80	16.8	YES	350
13	0.83	179	148.6	10.7	6.78	16.8	YES	350
14	0.81	179	145.0	10.9	6.82	16.8	YES	350
15	0.92	179	164.7	10.8	6.84	17.2	YES	350
16	0.91	179	162.9	12.3	6.87	15.8	YES	350
17	0.89	179	159.3	12.4	6.91	15.8	YES	350
18	0.88	179	157.5	12.0	6.81	15.7	YES	350
19	0.82	179	146.8	11.0	7.03	17.9	YES	350
20	0.75	179	134.3	11.2	6.60	15.2	YES	350
21	0.74	179	132.5	9.4	6.80	18.2	YES	350
22	0.83	179	148.6	10.5	6.67	16.4	YES	350
23	0.74	179	132.5	10.7	6.71	16.2	YES	350
24	0.88	179	157.5	11.0	6.80	16.7	YES	350
25	0.85	179	152.2	10.5	7.17	19.5	YES	350
26	0.63	179	112.8	10.5	6.65	15.9	YES	350
27	0.81	179	145.0	10.7	7.13	18.9	YES	350
28	0.85	179	152.2	10.0	7.13	19.9	YES	350
29	0.67	179	119.9	10.7	7.13	18.6	YES	350
30	0.88	179	157.5	10.8	7.13	18.9	YES	350
31	0.6	179	107.4	14.0	7.20	15.0	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.

Return by 10th of following month by email, fax, or mail to:  
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Revised July 2018