

# OHA - Drinking Water Program – Turbidity Monitoring Report Form County: Lincoln Conventional or Direct Filtration

System Name: SW LINCOLN CO WATER DIST ID #: OR4100925 WTP:-WTP- A Month/Year: JULY 2024

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	OFF	.024	.018	.017	.069
2	.017	.017	.022	.054	.051	.017	.074
3	.017	.018	.016	.019	.036	.028	.080
4	.026	.031	.038	.051	OFF	OFF	.055
5	OFF						
6	OFF	OFF	OFF	OFF	OFF	.036	.061
7	.022	.022	.018	.018	.023	.053	.072
8	OFF	OFF	OFF	.061	.021	.017	.090
9	.016	.019	.028	.021	.018	.017	.033
10	.018	.029	.023	.019	.021	.022	.038
11	OFF	OFF	OFF	.059	.020	.021	.073
12	.017	.032	OFF	.063	.019	.018	.066
13							
14	.017	.016	.017	.025	.041	.020	.048
15	.021	.016	.017	.032	.070	.053	.096
16	.018	.016	.017	.015	OFF	OFF	.049
17	OFF	OFF	OFF	.017	.021	.016	.027
18	.023	.037	.030	.028	.029	.016	.049
19	.016	.016	.018	.050	.043	.030	.080
20	.033	.016	.017	.017	.020	.044	.055
21							
22							
23							
24	OFF	OFF	.018	.027	.020	.018	.034
25	.017	.028	.064	.026	.018	.020	.074
26	.019	.023	.042	.026	.018	.017	.057
27							
28							
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30	.036	.018	.018	.024	.036	.022	.053
31	.022	.024	.024	.037	.071	.094	.095

<p><b>Conventional or Direct Filtration</b></p> <p>95% of the 4-hour turbidity readings <math>\leq</math> 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All the 4-hour turbidity readings <math>\leq</math> 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All turbidity readings <math>&lt;</math> IFE<sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Notes:</p>	<p style="text-align: center;"><b>Monthly Summary (Answer Yes or No)</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">                 CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No             </td> <td style="width: 33%;">                 All Cl<sub>2</sub> residuals at entry point <math>\geq</math> 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No             </td> </tr> </table> <p>PRINTED NAME: <u>Zach Forcier</u></p> <p>SIGNATURE: <u>[Signature]</u> DATE: <u>8/2/24</u></p> <p>PHONE #: <u>(541) 1547-3315</u> CERT #: <u>T-9253</u></p>	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl <sub>2</sub> residuals at entry point $\geq$ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl <sub>2</sub> residuals at entry point $\geq$ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		

Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. IFE = Individ. Filter Eff. (OAR 333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

SW LINCOLN CO WATER DIST ID #: OR4100925 WTP: WTP. Month/Year: July 2024

Required Log Inactivation: 5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> 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]		Use tables	Yes / No	[GPM]
1/2:00	1.1	155	171	16	7.7	16.7	Yes	122
2/8:30	1.1	155	171	16	7.7	16.7	Yes	122
3/8:30	1.2	155	186	16	7.6	16.3	Yes	122
4/9:30	1.2	155	186	16	7.6	16.3	Yes	122
5/ OFF								122
6/5:00	1.1	155	171	16	7.6	16.1	Yes	122
7/9:30	1.1	155	171	16	7.7	16.7	Yes	122
8/2:30	1.2	155	186	16	7.7	16.9	Yes	135
9/9:00	1.1	155	171	16	7.6	16.1	Yes	135
10/9:30	1.1	155	171	16	7.6	16.1	Yes	135
11/2:30	1.2	155	186	16	7.6	16.3	Yes	135
12/3:00	1.2	155	186	16	7.7	16.9	Yes	135
13/ OFF								135
14/8:30	1.1	155	171	16	7.7	16.7	Yes	135
15/9:00	1.2	155	186	16	7.7	16.9	Yes	141
16/8:30	1.1	155	171	16	7.6	16.1	Yes	141
17/2:30	1.1	155	171	16	7.6	16.1	Yes	141
18/9:00	1.2	155	186	16	7.7	16.9	Yes	141
19/8:30	1.2	155	186	16	7.6	16.3	Yes	141
20/8:30	1.1	155	171	16	7.6	16.1	Yes	141
21/ OFF								128
22/ OFF								128
23/ OFF								128
24/9:00	1.1	155	171	16	7.7	16.7	Yes	128
25/9:00	1.1	155	171	16	7.7	16.7	Yes	128
26/8:30	1.2	155	186	16	7.7	16.9	Yes	128
27/ OFF								131
28/ OFF								131
29/ OFF								131
30/8:00	1.2	155	186	16	7.6	16.3	Yes	131
31/8:30	1.1	155	171	16	7.6	16.1	Yes	131

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.