

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:** NOV 2024

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						
2	off						
3	off						
4	off	off	off	off	.032	.035	.059
5	.050	.053	.045	.028	.029	.025	.056
6	.019	.019	.021	.028	.019	.018	.043
7	.020	.018	.019	.030	.030	off	.040
8	off	.019	.016	.018	.026	.024	.038
9	off						
10	off						
11	off						
12	off	off	off	.047	.029	.090	.090
13	off	off	off	off	.047	.028	.059
14	off	off	.094	.029	.035	.035	.094
15	.040	.056	.050	.045	.048	.074	.090
16	.063	.058	.088	.053	.044	.031	.071
17	off						
18	off	off	off	off	.030	.024	.076
19	.048	.036	.019	.035	.049	.079	.091
20	.021	.038	.055	.060	.066	.053	.070
21	off						
22	.074	.079	.019	.026	.033	.030	.084
23	.043	.077	.087	.026	.019	.020	.091
24	.018	.021	.090	.020	.019	.022	.094
25	.029	.021	.036	.052	.021	.020	.073
26	.020	.020	off				.038
27	off						
28	off						
29	off	off	.036	.032	.028	.031	.053
30	off						
31							

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings ≤ 0.3 NTU? <u>Yes / No</u>	CT's met everyday? (see back) <u>Yes / No</u>	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <u>Yes / No</u>	
All the 4-hour turbidity readings ≤ 1 NTU? <u>Yes / No</u>			
All turbidity readings < IFE ² triggers? <u>Yes / No</u>			
Notes:	PRINTED NAME: Zach Forcier		
	SIGNATURE: <i>[Signature]</i>		DATE: 12/10/24
	PHONE #: (214) 1547-3315		CERT #: T-9253

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. ² 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: Nov 2024

Required Log Inactivation: 5

Date / Time	Minimum Cl ₂ Residual at 1 st 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]		Use tables	Yes / No	[GPM]
1 / off								96
2 / off								96
3 / off								96
4 / 3:00	1.1	155	171	11	7.6	22.5	Yes	96
5 / 8:30	1.1	155	171	11	7.6	22.5	Yes	96
6 / 9:00	1.2	155	186	11	7.7	23.6	Yes	96
7 / 8:00	1.1	155	171	11	7.6	22.5	Yes	96
8 / 9:00	1.1	155	171	11	7.6	22.5	Yes	96
9 / off								96
10 / off								96
11 / off								112
12 / 2:30	1.2	155	186	11	7.6	22.8	Yes	112
13 / 4:00	1.2	135	186	11	7.7	23.6	Yes	112
14 / 12:00	1.1	155	171	11	7.7	23.3	Yes	112
15 / 8:00	1.1	155	171	11	7.6	22.5	Yes	112
16 / 8:30	1.2	155	186	11	7.7	23.6	Yes	112
17 / off								112
18 / 4:00	1.1	155	171	11	7.7	23.3	Yes	121
19 / 8:30	1.2	155	186	11	7.6	22.8	Yes	121
20 / 8:00	1.1	155	171	11	7.7	23.3	Yes	121
21 / off								121
22 / 8:30	1.1	155	171	11	7.6	22.5	Yes	121
23 / 8:00	1.0	155	155	11	7.6	22.3	Yes	121
24 / 8:00	1.1	155	171	11	7.7	23.3	Yes	121
25 / 8:30	1.1	155	171	11	7.6	22.5	Yes	99
26 / 7:00	1.2	155	186	11	7.6	22.8	Yes	99
27 / off								99
28 / off								99
29 / 1:30	1.1	155	171	11	7.6	22.5	Yes	99
30 / off								99
31 /								

³ If Cl₂ at entry point < 0.2 mg/L, OR CT not met, notify DWP by end of next business day.

Download form at: www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf