

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: March 2025

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	.019	.018	.024	.030	.023	.020	.090
2	.018	.018	.017	.018	.021	.028	.038
3	.035	.040	.040				.080
4							
5							
6			.064	.077	.062	.062	.099
7	.063	.064	.065	.074	.068	.068	.091
8	.070	.069	.073				.093
9							
10					.043	.024	.084
11	.025	.025	.038	.065	.063	.044	.075
12	.032	.031	.024	.019	.049	.042	.070
13	.056	.085	off	.098	.060	.036	.098
14	.017	.025	.037	.026			.069
15							
16			.030	.017	.023	.026	.070
17	.030	.047	off	.045	.054	.094	.094
18	.018	.061	.067	.069	.070	.068	.098
19	.067	.067	.068	.068	.070	.077	.089
20							
21					.057	.040	.069
22	.021	.029	.053	.037	.063	.049	.076
23	.046	.055	.084	off	off	off	.093
24							
25		.055	.044	.029	.067	.027	.079
26	.022	.020	.020	.021	.020	.018	.048
27	.017	.018	.017	.017	.018	.018	.037
28	.031						.043
29							
30							
31					.045	.019	.059

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings $\leq$ 0.3 NTU? (Yes / No) All the 4-hour turbidity readings $\leq$ 1 NTU? (Yes / No) All turbidity readings < IFE ² triggers? (Yes / No)	CT's met everyday? (see back) Yes / No	All Cl ₂ residuals at entry point $\geq$ 0.2 mg/l? Yes / No	
Notes:		PRINTED NAME: <u>Call Farver</u>	
		SIGNATURE: <u>[Signature]</u>	DATE: <u>4/10/25</u>
		PHONE #: <u>1541 1547-3315</u>	CERT #: <u>7-9253</u>

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 = Indiv. 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. A Month/Year: March 2025

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]
1/8:30	1.1	155	171	10	7.7	25.0	Yes	97
2/8:30	1.1	155	171	10	7.7	25.0	Yes	97
3/8:00	1.0	155	155	10	7.6	23.8	Yes	97
4/								97
5/								97
6/9:00	1.0	155	155	10	7.6	23.8	Yes	97
7/8:30	1.0	155	155	10	7.7	24.7	Yes	97
8/8:00	1.1	155	171	10	7.7	25.0	Yes	97
9/								97
10/4:00	1.1	155	171	10	7.6	24.1	Yes	112
11/8:30	1.0	155	155	10	7.5	23.0	Yes	112
12/9:00	1.1	155	171	10	7.5	23.2	Yes	112
13/8:00	1.1	155	171	10	7.6	24.1	Yes	112
14/12:00	1.0	155	155	10	7.7	24.7	Yes	112
15/								112
16/1:00	1.0	155	155	10	7.7	24.7	Yes	112
17/1:00	1.1	155	171	10	7.6	24.1	Yes	103
18/8:30	1.1	155	171	10	7.6	24.1		103
19/9:00	1.0	155	155	10	7.7	24.7	Yes	103
20/								103
21/8:45	1.0	155	155	10	7.7	24.7	Yes	103
22/8:00	1.1	155	171	10	7.7	25.0	Yes	103
23/8:00	1.1	155	171	10	7.6	24.1	Yes	103
24/								117
25/8:30	1.1	155	171	10	7.6	24.1	Yes	117
26/9:00	1.0	155	155	10	7.5	23.0	Yes	117
27/9:30	1.1	155	171	10	7.6	24.1	Yes	117
28/8:00	1.1	155	171	10	7.7	25.0	Yes	117
29/								117
30/								117
31/4:00	1.1	155	171	10	7.6	24.1	Yes	117

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