

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: April 2023

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	.019	.018	.024	.033	.044	.053	.073
2	.064	.071	.074	.076	OFF	OFF	.087
3	OFF	OFF	.089	.078	.070	.059	.093
4	.046	.039	.038	OFF	OFF	OFF	.071
5	OFF						
6	OFF						
7	OFF	OFF	OFF				
8	.046	.027	.056	.067	.036	OFF	.072
9	OFF	OFF	.092	.085	OFF	OFF	.097
10	OFF	.044	.040	.059	.062	.071	.087
11	.070	.061	.031	.036	.018	.019	.082
12	.027	.021	.024	.027	.022	.021	.063
13	.022	.024	.063	.029	.025	.025	.086
14	.075	.065	.061	.065	OFF	OFF	.089
15	OFF						
16	.035	.031	.036	.089	.042	.042	.068
17	.025	.023	.023	.026	.030	.027	.091
18	.018	.016	.016	.016	.022	.019	.073
19	.017	.043	.018	.017	.018	.017	.051
20	.040	.018	.017	.033	.023	.018	.071
21	OFF						.077
22	OFF						
23	OFF						
24	.019	.017	.017	.017	.028	.021	.063
25	.019	.018	.021	.017	.029	.023	.075
26	OFF			.017	.017	.017	.053
27	OFF						
28	OFF	OFF	.019	.019	.018	.017	.059
29	.025	.020	.019	.018	.032	.026	.062
30	OFF						
31							

Conventional or Direct Filtration

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 < IFE² triggers? Yes / No²

Notes:

Monthly Summary (Answer Yes or No)

CT's met everyday?
 (see back)
Yes / No

All Cl₂ residuals at entry point $\geq$ 0.2 mg/l?
Yes / No

PRINTED NAME:

SIGNATURE:

PHONE #: ()

DATE:

CERT #:

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: APR 1 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	11	7.7	24.7	Yes	69
2/10:00	1.1	155	171	11	7.7	24.7	Yes	69
3/3:00	1.0	155	155	11	7.6	23.9	Yes	69
4/8:30	1.1	155	171	11	7.7	24.7	Yes	69
5/								69
6/								97
7/								97
8/12:00	1.1	155	171	11	7.7	24.7	Yes	97
9/1:00	1.1	155	171	11	7.6	23.9	Yes	97
10/2:00	1.2	155	186	11	7.7	24.7	Yes	97
11/2:30	1.1	155	171	11	7.6	23.9	Yes	97
12/1:00	1.2	155	186	11	7.6	23.9	Yes	97
13/1:30	1.2	155	186	11	7.7	24.7	Yes	97
14/1:00	1.1	155	171	11	7.6	23.9	Yes	101
15/3:00	1.2	155	186	11	7.7	24.7	Yes	101
16/2:00	1.2	155	186	11	7.7	24.7	Yes	101
17/2:30	1.1	155	171	11	7.6	23.9	Yes	101
18/2:00	1.1	155	171	11	7.7	24.7	Yes	101
19/3:00	1.2	155	186	11	7.6	23.9	Yes	101
20/2:30	1.2	155	186	11	7.6	23.9	Yes	101
21/								118
22/								118
23/3:00	1.2	155	186	11	7.6		Yes	118
24/2:30	1.1	155	171	11	7.7	24.7	Yes	118
25/2:00	1.1	155	171	11	7.7	24.7	Yes	118
26/								118
27/								118
28/2:30	1.2	155	186	11	7.7	24.7	Yes	118
29/2:00	1.2	155	186	11	7.6	23.9	Yes	118
30/								118
31/								

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