

**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- B Month/Year: February 2021

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	OFF	OFF	.053	OFF	OFF	.198
2	OFF	OFF	OFF	OFF	.064	OFF	.147
3	OFF	OFF	OFF	OFF	OFF	OFF	OFF
4	OFF	OFF	OFF	OFF	OFF	OFF	OFF
5	OFF	OFF	OFF	.146	OFF	OFF	.168
6	OFF	OFF	OFF	OFF	OFF	OFF	OFF
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF
8	OFF	OFF	OFF	OFF	.071	OFF	.240
9	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10	OFF	OFF	OFF	OFF	.056	OFF	.093
11	OFF	OFF	OFF	OFF	.064	OFF	.085
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF
13	OFF	OFF	OFF	OFF	OFF	OFF	OFF
14	OFF	OFF	OFF	OFF	OFF	OFF	OFF
15	OFF	OFF	OFF	OFF	OFF	OFF	OFF
16	OFF	OFF	OFF	OFF	OFF	OFF	OFF
17	OFF	OFF	OFF	OFF	.103	OFF	.131
18	OFF	OFF	OFF	OFF	OFF	OFF	OFF
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF
20	OFF	OFF	OFF	OFF	OFF	OFF	OFF
21	OFF	OFF	OFF	OFF	OFF	OFF	OFF
22	OFF	OFF	OFF	.067	OFF	OFF	.108
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF
24	OFF	OFF	OFF	OFF	.060	OFF	.074
25	OFF	OFF	OFF	OFF	OFF	OFF	OFF
26	OFF	OFF	OFF	OFF	OFF	OFF	OFF
27	OFF	OFF	OFF	OFF	OFF	OFF	OFF
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF
29							
30							
31							

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Data Mgmt & Compliance
Drinking Water Program

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings ≤ 0.3 NTU? <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 ₂ residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No			
All turbidity readings < IFE ² triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No			
Notes:	PRINTED NAME: BARRY ARNOLD		
	SIGNATURE: Barry Arnold	DATE: 3-3-21	
	PHONE #: (541) 542-4951	CERT #: 3636	

¹ 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 Effl. (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-B Month/Year: February 2021

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]
1/1:00	1.1	105	116	10°	7.7	25.0	Yes	
2/1:30	1.1	105	116	10°	7.7	25.0	Yes	
3/ OFF								
4/ OFF								
5/11:30	1.1	105	116	10°	7.7	25.0	Yes	
6/ OFF								
7/ OFF								
8/4:00	1.1	105	116	10°	7.7	25.0	Yes	
9/ OFF								
10/4:00	1.1	105	116	9°	7.7	26.7	Yes	
11/4:00	1.1	105	116	9°	7.7	26.7	Yes	
12/ OFF								
13/ OFF								
14/ OFF								
15/ OFF								
16/ OFF								
17/2:30	1.2	105	126	9°	7.7	27.0	Yes	
18/ OFF								
19/ OFF								
20/ OFF								
21/ OFF								
22/12:00	1.2	105	126	9°	7.7	27.0	Yes	
23/ OFF								
24/2:30	1.2	105	126	9°	7.6	26.0	Yes	
25/ OFF								
26/ OFF								
27/ OFF								
28/ OFF								
29/								
30/								
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
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