

**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: April 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	.087	OFF	OFF	.093
2	OFF	OFF	OFF	.072	OFF	OFF	.114
3	OFF	OFF	OFF	OFF	OFF	OFF	OFF
4	OFF	OFF	OFF	OFF	OFF	OFF	OFF
5	OFF	OFF	OFF	.061	OFF	OFF	.063
6	OFF	OFF	OFF	OFF	.068	OFF	.085
7	OFF	OFF	OFF	.057	OFF	OFF	.061
8	OFF	OFF	OFF	OFF	OFF	OFF	OFF
9	OFF	OFF	OFF	.051	OFF	OFF	.056
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF
11	OFF	OFF	OFF	OFF	OFF	OFF	OFF
12	OFF	OFF	OFF	.048	OFF	OFF	.054
13	OFF	OFF	OFF	OFF	OFF	OFF	OFF
14	OFF	OFF	OFF	.056	OFF	OFF	.092
15	OFF	OFF	OFF	OFF	OFF	OFF	OFF
16	OFF	OFF	OFF	.057	OFF	OFF	.060
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	OFF	OFF	OFF	OFF	OFF	OFF	OFF
19	OFF	OFF	OFF	.048	OFF	OFF	.061
20	OFF	OFF	OFF	OFF	OFF	OFF	OFF
21	OFF	OFF	OFF	.085	OFF	OFF	.087
22	OFF	OFF	OFF	.063	OFF	OFF	.075
23	OFF	OFF	OFF	.050	OFF	OFF	.068
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF
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	OFF	OFF	OFF	.072	OFF	OFF	.085
30	OFF	OFF	OFF	.067	OFF	OFF	.068
31	OFF	OFF	OFF	OFF	OFF	OFF	OFF

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 ²			
Notes: <div style="text-align: center; font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="text-align: center; color: red;">MAY 10 2021</div> <div style="text-align: center; color: blue;">Data Mgmt & Compliance</div>	PRINTED NAME: BARRY ARNOLD		DATE: 5-4-21
	SIGNATURE: Barry Arnold		CERT #: 3636
	PHONE #: (541) 547-4951		

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 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-B Month/Year: April 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	1.0	105	105	9°	7.6	25.5	Yes	17
2 / 12:30	1.0	105	105	9°	7.6	25.5	Yes	17
3 / OFF								17
4 / OFF								17
5 / 12:30	1.3	105	137	9°	7.5	25.4	Yes	17
6 / 2:30	1.3	105	137	9°	7.5	25.4	Yes	17
7 / 12:30	1.1	105	116	9°	7.7	26.7	Yes	17
8 / OFF								17
9 / 10:30	1.3	105	137	9°	7.5	25.4	Yes	16
10 / OFF								16
11 / OFF								16
12 / 12:00	1.2	105	126	9°	7.6	26.0	Yes	16
13 / OFF								16
14 / 12:00	1.2	105	126	9°	7.5	26.0	Yes	16
15 / OFF								16
16 / 12:00	1.1	105	116	9°	7.7	26.7	Yes	16
17 / OFF								16
18 / OFF								18
19 / 12:30	1.1	105	116	9°	7.7	26.7	Yes	18
20 / OFF								18
21 / 12:30	1.0	105	105	9°	7.6	25.5	Yes	18
22 / 12:00	1.1	105	116	9°	7.7	26.7	Yes	18
23 / 1:00	1.1	105	116	9°	7.7	26.7	Yes	18
24 / OFF								18
25 / OFF								19
26 / OFF								19
27 / OFF								19
28 / OFF								19
29 / 12:00	1.2	105	126	9°	7.6	26.0	Yes	19
30 / 2:00	1.1	105	116	9°	7.7	26.7	Yes	19
31 /								19

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