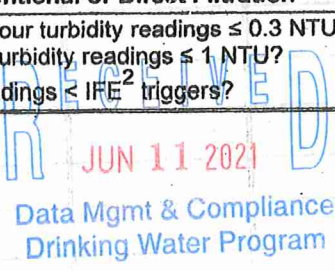


**OHA - Drinking Water Program – Turbidity Monitoring Report Form County: Lincoln  
Conventional or Direct Filtration**

**System Name: SW LINCOLN CO WATER DIST ID #: OR4100925 WTP:-WTP- B Month/Year: MAY 2021**

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	OFF						
2	OFF						
3	OFF	OFF	OFF	.048	OFF	OFF	.095
4	OFF						
5	OFF	OFF	OFF	OFF	.048	OFF	.159
6	OFF						
7	OFF	OFF	OFF	.048	OFF	OFF	.089
8	OFF						
9	OFF						
10	OFF						
11	OFF						
12	OFF	OFF	OFF	OFF	.065	OFF	.109
13	OFF						
14	OFF	OFF	OFF	.049	OFF	OFF	.065
15	OFF						
16	OFF						
17	OFF	OFF	OFF	.057	OFF	OFF	.081
18	OFF						
19	OFF	OFF	OFF	.053	OFF	OFF	.064
20	OFF	OFF	OFF	.066	OFF	OFF	.107
21	OFF	OFF	OFF	.063	OFF	OFF	.074
22	OFF						
23	OFF						
24	OFF	OFF	OFF	.052	OFF	OFF	.152
25	OFF						
26	OFF						
27	OFF	OFF	OFF	.047	OFF	OFF	.056
28	OFF						
29	OFF						
30	OFF	OFF	OFF	.081	OFF	OFF	.098
31	OFF						

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
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 <sub>2</sub> 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 <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No <sup>2</sup>			
<b>Notes:</b> 	<b>PRINTED NAME:</b> BARRY ARNOLD		
	<b>SIGNATURE:</b> Barry Arnold	<b>DATE:</b> 6-9-21	
	<b>PHONE #:</b> (541) 547-3315	<b>CERT #:</b> 3636	

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. <sup>2</sup> 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: MAY 2021

Required Log Inactivation: 5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1 / OFF								
2 / OFF								27
3 / 11:00	1.1	105'	171	10°	7.6	24.1	YES	27
4 / OFF								27
5 / 1:30	1.1	105	171	10°	7.6	24.1	YES	27
6 / OFF								27
7 / 1:00	1.1	105	171	10°	7.6	24.1	YES	27
8 / OFF								27
9 / OFF								27
10 / OFF								24
11 / OFF								24
12 / 2:00	1.1	105	171	12°	7.5	23.2	YES	24
13 / OFF								24
14 / 12:30	1.1	105	171	12°	7.5	23.2	YES	24
15 / OFF								24
16 / OFF								24
17 / 12:30	1.0	105	105	12°	7.6	20.9	YES	24
18 / OFF								23
19 / 11:00	1.0	105	105	12°	7.6	20.9	YES	23
20 / 1:00	1.1	105	171	12°	7.6	24.1	YES	23
21 / 1:00	1.1	105	171	12°	7.6	24.1	YES	23
22 / OFF								23
23 / OFF								23
24 / 12:30	1.0	105	105	12°	7.6	20.9	YES	23
25 / OFF								29
26 / OFF								29
27 / 3:00	1.0	105	105	12°	7.6	20.9	YES	29
28 / OFF								29
29 / OFF								29
30 / 12:00	.9	105	95	12°	7.4	19.2	YES	29
31 / OFF								29

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.