

**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: July 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						
2	OFF	OFF	OFF	.045	OFF	OFF	.047
3	OFF						
4	OFF						
5	OFF						
6	OFF	OFF	OFF	.081	OFF	OFF	.081
7	OFF						
8	OFF	OFF	OFF	OFF	.042	OFF	.060
9	OFF	OFF	OFF	.055	OFF	OFF	.085
10	OFF						
11	OFF						
12	OFF	OFF	OFF	.077	OFF	OFF	.088
13	OFF						
14	OFF	OFF	OFF	.064	OFF	OFF	.066
15	OFF						
16	OFF	OFF	OFF	.051	OFF	OFF	.058
17	OFF						
18	OFF						
19	OFF	OFF	OFF	.048	OFF	OFF	.098
20	OFF						
21							
22	OFF						
23							
24	OFF						
25	OFF						
26	OFF	OFF	OFF	.055	OFF	OFF	.106
27	OFF	OFF	OFF	.063	OFF	OFF	.112
28	OFF						
29	OFF	OFF	OFF	.045	OFF	OFF	.059
30	OFF						
31	OFF						

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No	
All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No			
All turbidity readings < IFE ² triggers? <input checked="" type="radio"/> Yes / <input type="radio"/> No ²			
Notes:	PRINTED NAME: BARRY ARNOLD		
	SIGNATURE: Barry Arnold	DATE: 8-3-21	
	PHONE #: (541) 547-3315	CERT #: 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. 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: July 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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/0#								
2/12:00	.9	105	95	15°	7.4	15.6	Yes	17
3/0#								17
4/0#								17
5/0#								17
6/11:30	.9	105	95	15°	7.4	15.6	Yes	17
7/0#								17
8/12:00	1.0	105	105	15°	7.4	16.4	Yes	17
9/12:30	1.1	105	116	15°	7.4	16.0	Yes	31
10/0#								31
11/0#								31
12/1:00	1.1	105	116	15°	7.4	16.0	Yes	31
13/0#								31
14/12:00	1.2	105	126	15°	7.5	16.8	Yes	31
15/0#								31
16/12:00	1.2	105	126	15°	7.5	16.8	Yes	31
17/0#								33
18/0#								33
19/12:00	1.2	105	126	15°	7.4	16.2	Yes	33
20/0#								33
21/12:00	1.2	105	126	15°	7.4	16.2	Yes	33
22/0#								33
23/12:00	1.1	105	116	15°	7.4	16.0	Yes	33
24/0#								33
25/0#								30
26/12:30	1.1	105	116	15°	7.4	16.0	Yes	30
27/1:00	1.2	105	126	15°	7.4	16.2	Yes	30
28/0#								30
29/12:30	1.2	105	126	15°	7.4	16.2	Yes	30
30/0#								30
31/0#								30

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