

**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:** August 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	OFF	OFF	.049	OFF	OFF	.059
3	OFF						
4	OFF	OFF	OFF	.060	OFF	OFF	.087
5	OFF						
6	OFF	OFF	OFF	.053	OFF	OFF	.055
7	OFF						
8	OFF						
9	OFF	OFF	OFF	.050	OFF	OFF	.067
10	OFF						
11	OFF	OFF	OFF	.084	OFF	OFF	.084
12	OFF						
13	OFF	OFF	OFF	.061	OFF	OFF	.095
14	OFF						
15	OFF						
16	OFF	OFF	OFF	.087	OFF	OFF	.087
17	OFF						
18	OFF	OFF	OFF	.053	OFF	OFF	.056
19	OFF						
20	OFF						.067
21	OFF						
22	OFF						
23	OFF	OFF	OFF	.096	OFF	OFF	.100
24	OFF						
25	OFF	OFF	OFF	.052	OFF	OFF	.062
26	OFF						
27	OFF	OFF	OFF	.051	OFF	OFF	.067
28	OFF						
29	OFF						
30	OFF	OFF	OFF	.054	OFF	OFF	.079
31	OFF						

**Conventional or Direct Filtration**

**Monthly Summary (Answer Yes or No)**

95% of the 4-hour turbidity readings ≤ 0.3 NTU?  Yes /  No  
 All the 4-hour turbidity readings ≤ 1 NTU?  Yes /  No  
 All turbidity readings < IFE<sup>2</sup> triggers?  Yes /  No<sup>2</sup>

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

All Cl<sub>2</sub> residuals at entry point ≥ 0.2 mg/l?  Yes /  No

**Notes:** 8-20-21 Water Plant was running from 1:30-3:15. So 0 Four hour Turbidity readings.

**PRINTED NAME:** BARRY ARNOLD

**SIGNATURE:** Barry Arnold

**DATE:** 9-2-21

**PHONE #:** (541) 547-4951

**CERT #:** 3636

<sup>1</sup> 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 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: August 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]
1/0#								27
2/12:30	1.1	105	116	14°	7.5	17.7	Yes	27
3/0#								27
4/12:30	1.0	105	105	14°	7.6	18.2	Yes	27
5/0#								27
6/11:30	1.1	105	116	14°	7.5	17.7	Yes	27
7/0#								27
8/0#								27
9/12:30	1.0	105	105	14°	7.8	19.6	Yes	24
10/0#								24
11/12:00	1.0	105	105	14°	7.8	19.6	Yes	24
12/0#								24
13/12:00	.9	105	95	14°	7.6	18.0	Yes	24
14/0#								24
15/0#								24
16/12:00	.9	105	95	14°	7.6	18.0	Yes	24
17/0#								22
18/11:30	.9	105	95	14°	7.6	18.0	Yes	22
19/0#								22
20/12:30	1.0	105	105	14°	7.6	18.2	Yes	22
21/0#								22
22/0#								22
23/12:00	.9	105	95	14°	7.6	18.0	Yes	22
24/0#								26
25/12:00	1.0	105	105	14°	7.6	18.2	Yes	26
26/0#								26
27/11:30	1.0	105	105	14°	7.6	18.2	Yes	26
28/0#								26
29/0#								26
30/11:30	1.0	105	105	14°	7.6	18.2	Yes	26
31/0#								26

<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.  
 Download form at: [www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf](http://www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf)