

**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 / 2022**

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						
4	OFF						
5	OFF						
6	OFF						
7	OFF						
8	OFF	OFF	OFF	.040	OFF	OFF	.071
9	OFF						
10	OFF						
11	OFF	OFF	OFF	.088	OFF	OFF	.088
12	OFF						
13	OFF						
14	OFF	OFF	OFF	.040	OFF	OFF	.086
15	OFF						
16	OFF						
17	OFF	OFF	OFF	OFF	.057	OFF	.057
18	OFF						
19	OFF						
20	OFF						
21	OFF						
22	OFF						
23	OFF	OFF	OFF	OFF	.090	OFF	.093
24	OFF						
25	OFF						
26	OFF						
27	OFF						
28	OFF						
29							
30							
31							

<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>			
Notes:	PRINTED NAME: BARRY ARNOLD		
	SIGNATURE: Barry Arnold	DATE: 3-4-22	
	PHONE #: (541) 547-3315	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: February 2022

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								20
2 / OFF								20
3 / OFF								20
4 / OFF								20
5 / OFF								20
6 / OFF								20
7 / OFF								20
8 / 1:30	1.0	105	105	13°	7.6	19.4	Yes	24
9 / OFF								24
10 / OFF								24
11 / 2:00	1.0	105	105	13°	7.5	18.7	Yes	24
12 / OFF								24
13 / OFF								24
14 / 12:00	1.0	105	105	13°	7.5	18.7	Yes	24
15 / OFF								26
16 / OFF								26
17 / 2:00	1.0	105	105	17°	7.5	18.7	Yes	26
18 / OFF								26
19 / OFF								26
20 / OFF								26
21 / OFF								26
22 / OFF								29
23 / 4:00	1.0	105	105	13°	7.6	19.4	Yes	29
24 / OFF								29
25 / OFF								29
26 / OFF								29
27 / OFF								29
28 / OFF								29
29 /								29
30 /								
31 /								

<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.