

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: MARCH 2022

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	.072	OFF	OFF	.076
2	OFF						
3	OFF						
4	OFF						
5	OFF						
6	OFF						
7	OFF						
8	2:00	OFF	OFF	OFF	.070	OFF	.071
9	OFF						
10	OFF						
11	OFF						
12	OFF						
13	OFF						
14	OFF						
15	OFF						
16	OFF						
17	OFF	OFF	OFF	OFF	.084	OFF	.086
18	OFF						
19	OFF						
20	OFF						
21	OFF						
22	OFF	OFF	OFF	OFF	.074	OFF	.090
23	OFF						
24	OFF	OFF	OFF	.065	OFF	OFF	.099
25	OFF						
26	OFF						
27	OFF						
28	OFF	OFF	OFF	.063	OFF	OFF	.071
29	OFF						
30	OFF						
31	OFF	OFF	OFF	OFF	.060	OFF	.079

<p style="text-align: center;">Conventional or Direct Filtration</p> <p>95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All turbidity readings < IFE² triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No²</p> <p>Notes:</p>	<p style="text-align: center;">Monthly Summary (Answer Yes or No)</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</td> <td style="width: 50%;">All Cl₂ residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</td> </tr> </table> <p>PRINTED NAME: BARRY ARNOLD</p> <p>SIGNATURE: Barry Arnold DATE: 4-5-22</p> <p>PHONE #: (541) 547-3315 CERT #: 3636</p>	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
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		

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: March 2022

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]
1/10:30	1.0	105	105	13°	7.5	18.7	Yes	24
2/0#								24
3/0#								24
4/0#								24
5/0#								24
6/0#								24
7/0#								24
8/2:00	1.0	105	105	13°	7.6	19.4	Yes	26
9/0#								26
10/0#								26
11/0#								26
12/0#								26
13/0#								26
14/0#								26
15/0#								26
16/0#								26
17/1:00	1.0	105	105	13°	7.5	18.7	Yes	23
18/0#								23
19/0#								23
20/0#								23
21/0#								23
22/1:30	1.1	105	116	13°	7.6	19.7	Yes	23
23/0#								23
24/11:30	1.7	105	179	13°	7.7	21.8	Yes	18
25/0#								18
26/0#								18
27/0#								18
28/2:00	1.7	105	179	13°	7.7	21.8	Yes	18
29/0#								18
30/0#								18
31/4:00	1.4	105	147	13°	7.7	21.1	Yes	18

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