

**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: April 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						
2	OFF						
3	OFF						
4	OFF						
5	OFF	OFF	OFF	.050	OFF	OFF	.089
6	OFF						
7	OFF	OFF	OFF	OFF	.057	OFF	.069
8	OFF						
9	OFF						
10	OFF						
11	OFF						
12	OFF						
13	OFF	OFF	OFF	.072	.062	OFF	.098
14	OFF						
15	OFF						
16	OFF						
17	OFF						
18	OFF						
19	OFF						
20	OFF						
21	OFF						
22	OFF						
23	OFF						
24	OFF						
25	OFF						
26	OFF						
27	OFF	OFF	OFF	OFF	.072	OFF	.087
28	OFF						
29	OFF	OFF	OFF	.067	OFF	OFF	.070
30	OFF						
31							

Conventional or Direct Filtration 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <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 ² triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No ²		Monthly Summary (Answer Yes or 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	
Notes: 29th was blank. I filled it in today.		PRINTED NAME: <u>BARRY ARNOLD</u> SIGNATURE: <u>Barry Arnold</u> DATE: <u>5-4-22</u> PHONE #: <u>(541) 547-3315</u> CERT #: <u>3636</u>	

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: April 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]
1/0 #								23
2/0 #								23
3/0 #								23
4/0 #								23
5/4:00	1.0	105	105	13°	7.6	19.4	Yes	23
6/0 #								23
7/12:00	1.1	105	116	13°	7.6	19.7	Yes	23
8/0 #								24
9/0 #								24
10/0 #								24
11/0 #								24
12/0 #								24
13/1:00	.9	105	95	13°	7.5	18.5	Yes	24
14/0 #								24
15/0 #								24
16/0 #								17
17/0 #								17
18/0 #								17
19/0 #								17
20/0 #								17
21/0 #								17
22/0 #								17
23/0 #								17
24/0 #								26
25/0 #								26
26/0 #								26
27/4:00	.9	105	95	13°	7.5	18.5	Yes	26
28/0 #								26
29/12:00	1.0	105	105	13°	7.6	19.4	Yes	26
30/0 #								26
31/								26

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