

**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: MAY 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	.072	OFF	OFF	.087
6	OFF						
7	OFF						
8	OFF						
9	OFF	OFF	OFF	OFF	.063	OFF	.089
10	OFF						
11	OFF						
12	OFF						
13	OFF						
14	OFF						
15	OFF						
16	OFF	OFF	OFF	OFF	.057	OFF	.084
17	OFF						
18	OFF						
19	OFF						
20	OFF	OFF	OFF	.098	OFF	OFF	.098
21	OFF						
22	OFF						
23	OFF						
24	OFF						
25	OFF						
26	OFF						
27	OFF						
28	OFF						
29	OFF						
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="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	
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			
Notes: Plan to shut down last 10 days of the month.	PRINTED NAME: <u>BARRY ARNOLD</u>		
	SIGNATURE: <u>Barry Arnold</u>	DATE: <u>6-8-22</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: MAY 2022

Required Log Inactivation: 5

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT Use tables	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1 / OFF								24
2 / OFF								24
3 / OFF								24
4 / OFF								24
5 / 12:00	1.0	105	105	13°	7.6	19.4	YES	24
6 / OFF								24
7 / OFF								24
8 / OFF								24
9 / OFF								20
10 / 4:00	1.1	105	116	13°	7.5	18.9	YES	20
11 / OFF								20
12 / OFF								20
13 / OFF								20
14 / OFF								20
15 / OFF								20
16 / 4:00	1.1	105	116	13°	7.5	18.9	YES	20
17 / OFF								27
18 / OFF								27
19 / OFF								27
20 / 11:30	1.1	105	116	13°	7.5	18.9	YES	27
21 / OFF								27
22 / OFF								27
23 / OFF								27
24 / OFF								18
25 / OFF								18
26 / OFF								18
27 / OFF								18
28 / OFF								18
29 / OFF								18
30 / OFF								18
31 / OFF								18

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