

**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: June 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	OFF	OFF	OFF	.062	OFF	.097
4	OFF						
5	OFF						
6	OFF						
7	OFF						
8	OFF	OFF	OFF	OFF	.016	OFF	.097
9	OFF						
10	OFF	OFF	OFF	OFF	OFF	OFF	.093
11	OFF						
12	OFF						
13	OFF						
14	OFF						
15	OFF						
16	OFF	OFF	OFF	.071	OFF	OFF	.090
17	OFF						
18	OFF						
19	OFF						
20	OFF						
21	OFF						
22	OFF						
23	OFF	OFF	OFF	OFF	OFF	OFF	.092
24	OFF						
25	OFF						
26	OFF						
27	OFF	OFF	OFF	.089	OFF	OFF	.092
28	OFF						
29	OFF	OFF	OFF	OFF	OFF	OFF	.088
30	OFF						
31							

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	All the 4-hour turbidity readings ≤ 1 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 turbidity readings < IFE ² triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No ²		Notes:	
PRINTED NAME: <u>BARRY ARNOLD</u>		SIGNATURE: <u>Barry Arnold</u>	
PHONE #: <u>(541) 547-3315</u>		DATE: <u>7-1-22</u>	
		CERT #: <u>3636</u>	

¹Including 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. ²IFE = Individ. Filter Eff. (OAR 333-081-0040(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: June 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 / OFF								18
2 / OFF								18
3 / 2:00	1.0	105	105	14°	7.7	18.9	Yes	18
4 / OFF								18
5 / OFF								18
6 / OFF								18
7 / OFF								18
8 / 2:30	1.2	105	126	14°	7.9	20.8	Yes	18
9 / OFF								17
10 / 12:00	1.1	105	116	14°	7.8	19.8	Yes	17
11 / OFF								17
12 / OFF								17
13 / OFF								17
14 / OFF								17
15 / OFF								17
16 / 12:00	1.0	105	105	14°	7.6	18.2	Yes	15
17 / OFF								15
18 / OFF								15
19 / OFF								15
20 / OFF								15
21 / OFF								15
22 / OFF								15
23 / 12:00	1.6	105	105	14°	7.6	18.2	Yes	24
24 / OFF								24
25 / OFF								24
26 / OFF								24
27 / 12:00	1.0	105	105	14°	7.6	18.2	Yes	24
28 / OFF								24
29 / 1:30	1.1	105	116	14°	7.8	19.8	Yes	24
30 / OFF								24
31 /								24