

**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:** July 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	OFF	.073	OFF	.088
2	OFF						
3	OFF						
4	OFF	OFF	OFF	.053	OFF	OFF	.090
5	OFF						
6	OFF						
7	OFF						
8	OFF	OFF	OFF	OFF	.065	OFF	.082
9	OFF						
10	OFF						
11	OFF	OFF	OFF	.077	OFF	OFF	.092
12	OFF						
13	OFF						
14	OFF						
15	OFF	OFF	OFF	.062	OFF	OFF	.091
16	OFF						
17	OFF						
18	OFF	OFF	OFF	.075	OFF	OFF	.096
19	OFF						
20	OFF						
21	OFF						
22	OFF	OFF	OFF	.072	OFF	OFF	.088
23	OFF						
24	OFF						
25	OFF						
26	OFF	OFF	OFF	.068	OFF	OFF	.093
27	OFF						
28	OFF						
29	OFF	OFF	OFF	.076	OFF	OFF	.086
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	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: Rick McClung		SIGNATURE: <i>R. McClung</i>	
PHONE #: (541) 547-3315		DATE: 8/5/22	
		CERT #: 2725	

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))

D.F

OHA - Drinking Water Program - Surface Water Quality Data Form

SW LINCOLN CO WATER DIST ID #: OR4100925 WTP: WTP-B Month/Year: July 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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/2:00	1.0	105	105	15	7.6	17.0	Yes	18
2/ off								18
3/ off								18
4/11:30	1.1	105	116	15	7.5	16.6	Yes	18
5/ off								18
6/ off								18
7/ off								18
8/2:45	1.1	105	116	15	7.5	16.6	Yes	18
9/ off								18
10/ off								18
11/2:00	1.2	105	126	15	7.5	16.8	Yes	18
12/ off								18
13/ off								18
14/ off								18
15/1:00	1.1	105	116	15	7.4	16.0	Yes	19
16/ off								19
17/ off								19
18/11:45	1.0	105	105	15	7.4	15.8	Yes	19
19/ off								19
20/ off								19
21/ off								19
22/1:45	1.1	105	116	15	7.4	16.0	Yes	19
23/ off								19
24/ off								19
25/ off								19
26/2:30	1.1	105	116	15	7.5	16.6	Yes	19
27/ off								18
28/ off								18
29/1:00	1.2	105	126	15	7.5	16.8	Yes	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.
 Download form at: www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf
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