

**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- A Month/Year: August 2022

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	OFF	---	---	---	---	---	---
2	OFF	OFF	OFF	OFF	.047	OFF	.082
3	OFF	---	---	---	---	---	---
4	OFF	OFF	OFF	.052	OFF	OFF	.086
5	OFF	---	---	---	---	---	---
6	OFF	---	---	---	---	---	---
7	OFF	---	---	---	---	---	---
8	OFF	---	---	---	.055	OFF	.083
9	OFF	---	---	---	---	---	---
10	OFF	---	---	.065	OFF	OFF	.087
11	OFF	---	---	---	---	---	---
12	OFF	---	---	.055	OFF	OFF	.075
13	OFF	---	---	---	---	---	---
14	OFF	---	---	---	---	---	---
15	OFF	---	---	.068	OFF	OFF	.082
16	OFF	---	---	---	---	---	---
17	OFF	---	---	---	---	---	---
18	OFF	---	---	.062	OFF	OFF	.085
19	OFF	---	---	.056	OFF	OFF	.081
20	OFF	---	---	---	---	---	---
21	OFF	---	---	---	---	---	---
22	OFF	---	---	---	---	---	---
23	OFF	---	---	.055	OFF	OFF	.082
24	OFF	---	---	.058	OFF	OFF	.084
25	OFF	---	---	---	---	---	---
26	OFF	---	---	---	---	---	---
27	OFF	---	---	---	---	---	---
28	OFF	---	---	---	.056	OFF	---
29	OFF	---	---	---	---	---	---
30	OFF	---	---	---	---	---	---
31	OFF	---	---	---	---	---	---

<b>Conventional or Direct Filtration</b> 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No All turbidity readings < IFE <sup>2</sup> triggers? <input checked="" type="radio"/> Yes <input type="radio"/> No <sup>2</sup>		<b>Monthly Summary (Answer Yes or No)</b> CT's met everyday? <input checked="" type="radio"/> Yes <input type="radio"/> No (see back) All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Notes:		PRINTED NAME: <u>Rick McClung</u>	
		SIGNATURE: <u>Rick McClung</u>	DATE: <u>9/8/22</u>
		PHONE #: <u>(541) 547-3315</u>	CERT #: <u>2725</u>

<sup>1</sup> 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.  
<sup>2</sup> IFE = Individ. Filter Eff. (OAR 333-061-0040(1)(e)(B&C))

D.F

Amended

OHA - Drinking Water Program - Surface Water Quality Data Form

SW LINCOLN CO WATER DIST ID #: OR4100925 WTP: WTP. 8 Month/Year: August 2022

Required Log Inactivation: 5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[°C]		Use tables	Yes / No	[GPM]
1/ OFF								18
2/ 2:00	1.1	105	116	16	7.5	15.5	Yes	19
3/ OFF								19
4/ 1:00	1.1	105	116	16	7.5	15.5	Yes	18
5/ OFF								18
6/ OFF								18
7/ OFF								18
8/ 2:15	1.1	105	116	16	7.6	16.1	Yes	20
9/ OFF								20
10/ 12:30	1.1	105		16	7.6	16.1	Yes	20
11/ OFF								20
12/ 11:30	1.2	105	126	17	7.5	14.7	Yes	20
13/ OFF								20
14/ OFF								20
15/ 1:00	1.2	105	126	17	7.5	14.7	Yes	20
16/ OFF								20
17/ OFF								20
18/ 11:00 <sup>am</sup>	1.0	105	105	18°	7.6	13.9	Yes	20
19/ 12:00	1.0	105		18	7.5	13.4	Yes	20
20/ OFF								20
21/ OFF								20
22/ OFF								20
23/ 1:30	1.0	105	105	18	7.5	13.4	Yes	20
24/ OFF								20
25/ 11:45	1.1	105	116	18	7.6	14.1	Yes	20
26/ OFF								20
27/ OFF								20
28/ OFF								20
29/ 2:00	1.1	105	116	18	7.5	13.6	Yes	20
30/ OFF								20
31/ OFF								20

<sup>3</sup>If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.