

**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: February 2023**

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	off	off	.065	off	off	.078
2	off						
3	off						
4	off						
5	off						
6	off						
7	off						
8	off						
9	off						
10	off	off	off	.048	off	off	.056
11	off						
12	off						
13	off						
14	off	off	off	.035	off	off	.052
15	off						
16	off	off	off	.031	off	off	.044
17	off						
18	off						
19	off						
20	off						
21	off						
22	off	off	off	.042	off	off	.046
23	off						
24	off						
25	off						
26	off						
27	off	off	off	.036	off	off	.046
28	off						
29							
30							
31							

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
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 <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All turbidity readings < IFE <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No <sup>2</sup>		Notes:	
Notes:		PRINTED NAME: Rick McElung	DATE: 3/10/23
Notes:		SIGNATURE: Rick McElung	CERT #: 2725
Notes:		PHONE #: (541) 547-3315	

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: February 2023

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 / 2:00	1.2	105	126	9°	7.3	23.4	Yes	18
2 / off								18
3 / off								18
4 / off								18
5 / off								18
6 / off								18
7 / off								18
8 / off								18
9 / off								18
10 / 10:00	1.2	105	126	9°	7.3	23.4	Yes	12
11 / off								12
12 / off								12
13 / off								12
14 / 11:30	1.1	105	116	9°	7.2	22.3	Yes	12
15 / off								12
16 / 10:00	1.1	105	116	9°	7.2	22.3	Yes	12
17 / off								12
18 / off								15
19 / off								15
20 / off								15
21 / off								15
22 / 11:00	1.0	105	105	9°	7.2	22.1	Yes	15
23 / off								15
24 / off								15
25 / off								15
26 / off								15
27 / 2:00	1.1	105	116	8	7.3	24.7	Yes	15
28 / off								15
29 /								
30 /								
31 /								

<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.  
 Download form at: [www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf](http://www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf)  
 PAGE 2 of 2