

**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:** March 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						
2				.055			.091
3				.046			.068
4	OFF						
5	OFF						
6				.076			.095
7	OFF						
8				.051			.068
9	OFF						
10				.050			.078
11	OFF						
12	OFF						
13	OFF						
14				.074			.086
15	OFF						
16				.078			.097
17				.060			.084
18	OFF						
19	OFF						
20	OFF						
21				.067			.090
22	OFF						
23	OFF						
24				.064			.095
25	OFF						
26	OFF						
27	OFF						
28	OFF						
29	OFF						
30	OFF						
31	OFF						

<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="radio"/> Yes <input type="radio"/> No	All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <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>Notes:</b>	
		<b>PRINTED NAME:</b>	
		<b>SIGNATURE:</b>	<b>DATE:</b> 4/10/23
		<b>PHONE #:</b> (541) 547-3315	<b>CERT #:</b>

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 333-081-0040(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: March 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 / off								23
2 / 11:00	1.1	105	116	7°	7.3	26.5	Yes	23
3 / 11:00	1.1	105	116	7°	7.4	27.4	Yes	23
4 / off								23
5 / off								23
6 / 11:45	1.1	105	116	7°	7.4	27.4	Yes	26
7 / off								26
8 / 10:30	1.2	105	126	7°	7.4	27.7	Yes	26
9 / off								26
10 / 10:30	1.1	105	116	7°	7.3	26.5	Yes	26
11 / off								26
12 / off								26
13 / off								21
14 / 11:45	1.1	105	116	7°	7.1	24.6	Yes	21
15 / off								21
16 / 10:00	1.3	105	137	7°	7.2	26.1	Yes	21
17 / 12:00	1.1	105	116	7°	7.2	25.5	Yes	21
18 / off								21
19 / off								21
20 / off								21
21 / 10:00	1.1	105	116	7°	7.5	28.4	Yes	23
22 / off								23
23 / off								23
24 / 12:30	1.2	105		7°	7.3	26.8	Yes	23
25 / off								23
26 / off								23
27 / off								17
28 / off								17
29 / off								17
30 / off								17
31 / off								17

<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)  
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