

**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:** April 2023

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			.030	OFF		.043
4	OFF						
5				.048			.058
6	OFF						
7	OFF						
8	OFF						
9	OFF						
10	OFF						
11	OFF						
12	OFF						
13	OFF						
14	OFF				.048	OFF	.068
15	OFF						
16	OFF						
17	OFF						
18	OFF						
19	OFF						
20	OFF						
21	OFF						
22	OFF						
23	OFF						
24	OFF			.081			.093
25	OFF						
26	OFF						
27	OFF						
28	OFF						
29	OFF						
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		Notes:	
		PRINTED NAME: Rick McClung	DATE: 5/10/23
		SIGNATURE: R. McClung	CERT #: 2725
		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 Effl. (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: April 2023

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 / 10:00	1.1	105	116	8°	7.4	25.6	Yes	18
4 / OFF								18
5 / 11:05	1.0	105	105	8°	7.3	24.5	Yes	18
6 / OFF								18
7 / OFF								18
8 / OFF								18
9 / OFF								23
10 / OFF								23
11 / OFF								23
12 / OFF								23
13 / OFF								23
14 / 2:06	1.0	105	105	9°	7.4	23.7	Yes	23
15 / OFF								23
16 / OFF								23
17 / OFF								21
18 / OFF								21
19 / OFF								21
20 / OFF								21
21 / OFF								21
22 / OFF								21
23 / OFF								21
24 / 10:05	1.0	105	105	9°	7.7	26.4	Yes	21
25 / OFF								19
26 / OFF								19
27 / OFF								19
28 / OFF								19
29 / OFF								19
30 / OFF								19
31 /								19

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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