

**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:** May 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	---	---	.054	---	---	.079
2	OFF	---	---	---	---	---	---
3	OFF	---	---	---	---	---	---
4	OFF	---	---	---	---	---	---
5	OFF	---	---	---	---	---	---
6	OFF	---	---	---	---	---	---
7	OFF	---	---	---	---	---	---
8	OFF	---	---	.071	---	---	.088
9	OFF	---	---	---	---	---	---
10	OFF	---	---	---	---	---	---
11	OFF	---	---	---	---	---	---
12	OFF	---	---	---	---	---	---
13	OFF	---	---	---	---	---	---
14	OFF	---	---	---	---	---	---
15	OFF	---	---	---	---	---	---
16	OFF	---	---	---	---	---	---
17	OFF	---	---	---	---	---	---
18	OFF	---	---	---	.068	---	.086
19	OFF	---	---	---	---	---	---
20	OFF	---	---	---	---	---	---
21	OFF	---	---	---	---	---	---
22	OFF	---	---	.047	---	---	.062
23	OFF	---	---	---	---	---	---
24	OFF	---	---	.058	---	---	.074
25	OFF	---	---	---	---	---	---
26	OFF	---	---	---	---	---	---
27	OFF	---	---	---	---	---	---
28	OFF	---	---	---	---	---	---
29	OFF	---	---	---	---	---	---
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:	
Notes:		PRINTED NAME: <u>Rick McQuinn</u>	DATE: <u>6/9/23</u>
Notes:		SIGNATURE: <u>R. McQuinn</u>	CERT #: <u>2725</u>
Notes:		PHONE #: <u>(541) 547-3315</u>	

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. ² 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: May 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 / 10:00	1.1	105	116	11°	7.7	23.3	YES	19
2 / OFF								19
3 / OFF								19
4 / OFF								19
5 / OFF								19
6 / OFF								19
7 / OFF								19
8 / 10:30	1.1	105	116	11°	7.5	21.8	YES	22
9 / OFF								22
10 / OFF								22
11 / OFF								22
12 / OFF								22
13 / OFF								22
14 / OFF								22
15 / OFF								18
16 / OFF								18
17 / OFF								18
18 / 11:35	1.2	105	126	13	7.7	20.6	YES	18
19 / OFF								18
20 / OFF								18
21 / OFF								18
22 / 12:50	1.2	105	126	13	7.7	20.6	YES	20
23 / OFF								20
24 / 10:00	1.1	105	116	13	7.6	19.7	YES	20
25 / OFF								20
26 / OFF								20
27 / OFF								20
28 / OFF								20
29 / OFF								20
30 / OFF								20
31 / OFF								20

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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