

**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: June 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				.048			.067
2							
3							
4							
5				.053			.059
6							
7							
8							
9							
10				.043			.061
11							
12							
13							
14							
15							
16				.045			.072
17							
18							
19				.050			.058
20							
21							
22							
23				.046			.053
24							
25							
26							
27							
28							
29				.058			.071
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? <b>Yes</b> / No	CT's met everyday? (see back) <b>Yes</b> / No All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <b>Yes</b> / No		
All the 4-hour turbidity readings ≤ 1 NTU? <b>Yes</b> / No			
All turbidity readings < IFE <sup>2</sup> triggers? <b>Yes</b> / No <sup>2</sup>			
<b>Notes:</b>	PRINTED NAME: <i>Rick McEllis</i>	DATE: 7/16/23	
	SIGNATURE: <i>Rick McEllis</i>	CERT #:	
	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: **June 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	1.1	105	116	15	7.7	17.9	Yes	17
2 / off								17
3 / off								17
4 / off								17
5 / 1:15	1.0	105	105	15	7.6	17.0	Yes	17
6 / off								17
7 / off								17
8 / off								17
9 / off								17
10 / 2:00	1.0	105	105	15	7.7	17.7	Yes	19
11 / off								19
12 / off								19
13 / off								19
14 / off								19
15 / off								19
16 / 1:00	1.1	105	116	15	7.7	17.9	Yes	19
17 / off								23
18 / off								23
19 / 1:30	1.0	105	105	15	7.8	18.3	Yes	23
20 / off								23
21 / off								23
22 / off								23
23 / 12:15	1.0	105	105	15	7.7	17.7	Yes	23
24 / off								18
25 / off								18
26 / off								18
27 / off								18
28 / off								18
29 / 12:00	1.0	105	105	16	7.8	17.1	Yes	18
30 / off								18
31 /								18

<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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