

**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: JULY 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						
4	OFF						
5	OFF				.054	OFF	.067
6	OFF						
7	OFF			.050			.059
8	OFF						
9	OFF						
10	OFF						
11	OFF			.036			.041
12	OFF						
13	OFF			.042			.047
14	OFF						
15	OFF						
16	OFF						
17	OFF						
18	OFF			.055			.069
19	OFF						
20	OFF			.021			.031
21	OFF						
22	OFF						
23	OFF						
24	OFF						
25	OFF			.036	.026	.026	.036
26	OFF						
27	OFF			.028	.024		.034
28	OFF						
29	OFF						
30	OFF						
31	OFF			.029	.029		.036

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	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No ²	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 the 4-hour turbidity readings ≤ 1 NTU?		Notes:	
All turbidity readings < IFE ² triggers?		PRINTED NAME: <u>Rick McClung</u>	SIGNATURE: <u>R. McClung</u>
		PHONE #: <u>(541) 547-3315</u>	CERT #: <u>2725</u>

¹Including 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. ²IFE = 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: July 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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/ OFF								17
2/ OFF								17
3/ OFF								17
4/ OFF								17
5/ 2:00	1.0	105	105	15	7.7	17.7	Yes	17
6/ OFF								17
7/ 11:00	1.1	105	116	15	7.6	17.2	Yes	17
8/ OFF								17
9/ OFF								17
10/ OFF								15
11/ 11:30	1.0	105	105	15	7.7	17.7	Yes	15
12/ OFF								15
13/ 12:00	1.0	105	105	15	7.7	17.7	Yes	15
14/ OFF								15
15/ OFF								15
16/ OFF								15
17/ OFF								15
18/ 11:00	1.0	105	105	16	7.6	15.9	Yes	12
19/ OFF								12
20/ 10:00	1.1	105	116	15	7.6	17.2	Yes	12
21/ OFF								12
22/ OFF								12
23/ OFF								12
24/ OFF								12
25/ 12:00	1.1	105	116	15	7.5	16.6	Yes	16
26/ OFF								16
27/ 9:00	1.0	105	105	16	7.7	16.5	Yes	16
28/ OFF								16
29/ OFF								16
30/ OFF								16
31/ 10:30	1.0	105	105	16	7.6	15.9	Yes	16

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.