

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: August 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				.025			.043
2							
3				.028			
4							
5							
6							
7				.024			
8							
9							
10				.027	.027		.037
11					.025		.046
12							
13							
14							
15				.034	.024	.024	.048
16							
17					.032	.032	.043
18							
19							
20							
21							
22				.036	.027	.027	.052
23							
24							
25							
26							
27			.032	.022			.046
28							
29							
30				.032	.032		.042
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	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? <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:	PRINTED NAME: <u>Rick McClung</u>		
	SIGNATURE: <u>Rick McClung</u>	DATE: <u>9/8/23</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 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: August 2023

Required Log Inactivation: 5

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT CXT	Temp [°C]	pH	Required CT Use tables	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1/10:30	1.1	105	116	16	7.5	15.5	Yes	18
2/ off								18
3/12:00	1.0	105	105	16	7.6	15.9	Yes	18
4/ off								18
5/ off								18
6/ off								18
7/8:30	1.0	105	105	17	7.6	14.9	Yes	18
8/ off								23
9/ off								23
10/11:00	1.0	105	105	16	7.5	15.3	Yes	23
11/12:00	1.0	105		17	7.4	13.8	Yes	23
12/ off								23
13/ off								23
14/ off								23
15/11:30	1.1	105	116	17	7.4	14.0	Yes	23
16/ off								23
17/12:30	1.1	105	116	17	7.5	14.5	Yes	23
18/ off								21
19/ off								21
20/ off								21
21/ off								21
22/12:50	1.2	105	126	16	7.5	15.7	Yes	21
23/ off								21
24/ off								21
25/ off								24
26/ off								24
27/11:30	1.1	105	116	16	7.6	16.1	Yes	24
28/ off								24
29/ off								24
30/12:30	1.1	105		16	7.6	16.1	Yes	24
31/ off								24

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