

**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: September 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				.053			.067
2							
3							
4							
5				.032			.046
6							
7							
8				.036			.053
9							
10							
11				.034			.051
12							
13							
14				.046			.063
15							
16							
17							
18				.057			.065
19							
20							
21				.053			.062
22							
23							
24							
25				.042			.073
26							
27							
28				.053			.076
29							
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? <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 <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All turbidity readings < IFE <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No <sup>2</sup>		Notes:	
Notes:		PRINTED NAME: Rick McClung	DATE: 10/10/23
Notes:		SIGNATURE: <i>R. McClung</i>	CERT #: 2725
Notes:		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. <sup>2</sup> 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: September 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 / 10:30	1.1	105	116	17	7.5	14.5	Yes	21
2 / OFF								21
3 / OFF								21
4 / OFF								21
5 / 9:30	1.2	105	126	17	7.4	14.1	Yes	21
6 / OFF								21
7 / OFF								21
8 / 11:00	1.1	105	116	17	7.4	14.0	Yes	18
9 / OFF								18
10 / OFF								18
11 / 10:00	1.1	105	116	15	7.4	16.0	Yes	18
12 / OFF								18
13 / OFF								18
14 / 11:15	1.3	105	105	15	7.5	16.4	Yes	18
15 / OFF								23
16 / OFF								23
17 / OFF								23
18 / 11:00	1.0	105	105	15	7.5	16.4	Yes	23
19 / OFF								23
20 / OFF								23
21 / 10:00	1.1	105	116	15	7.6	17.2	Yes	23
22 / OFF								19
23 / OFF								19
24 / OFF								19
25 / 9:30	1.1	105	116	15	7.5	16.6	Yes	19
26 / OFF								19
27 / OFF								19
28 / 11:30	1.1	105	116	15	7.4	16.0	Yes	19
29 / OFF								19
30 / OFF								19
31 /								

<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.