

**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- 6 Month/Year: November 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	OFF						
2	OFF						
3	OFF						
4	OFF			.043			.068
5	OFF						
6	OFF						
7	OFF						
8	OFF			.067			.087
9	OFF						
10	OFF						
11	OFF						
12	OFF						
13	OFF			.063			.089
14	OFF						
15	OFF						
16	OFF						
17	OFF						
18	OFF						
19	OFF						
20	OFF						
21	OFF			.037			.059
22	OFF						
23	OFF						
24	OFF						
25	OFF						
26	OFF						
27	OFF			.074			.091
28	OFF						
29	OFF						
30	OFF						
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		<b>Notes:</b>	
		PRINTED NAME: Rick McClung	DATE: 12/8/23
		SIGNATURE: R. McClung	CERT #: 2725
		PHONE #: (541) 547-3315	

<sup>1</sup>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: November 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 / off	---							18
2 / off	---							18
3 / off	---							18
4 / 11:30	1.1	105	116	12	7.7	21.9	Yes	18
5 / off	---							18
6 / off	---							23
7 / off	---							23
8 / 1:00	1.0	105	105	11	7.6	22.3	Yes	23
9 / off	---							23
10 / off	---							23
11 / off	---							23
12 / off	---							23
13 / 2:00	1.0	105	105	11	7.5	21.5	Yes	21
14 / off	---							21
15 / off	---							21
16 / off	---							21
17 / off	---							21
18 / off	---							21
19 / off	---							21
20 / off	---							25
21 / 1:30	1.1	105	116	10	7.6	24.1	Yes	25
22 / off	---							25
23 / off	---							25
24 / off	---							25
25 / off	---							25
26 / off	---							25
27 / 11:00	1.0	105	105	10	7.6	23.8	Yes	19
28 / off	---							19
29 / off	---							19
30 / off	---							19
31 /	---							19

<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.