

**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: Feb 2024**

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							
2							
3							
4							
5							
6				.036			.068
7							
8							
9							
10							
11							
12							
13							
14				.029			.059
15							
16							
17							
18							
19							
20							
21				.032			.062
22							
23							
24							
25							
26							
27							
28				.053			.074
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? <i>Yes/No</i>	CT's met everyday? (see back) <i>Yes/No</i>	All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <i>Yes/No</i>	
All the 4-hour turbidity readings ≤ 1 NTU? <i>Yes/No</i>			
All turbidity readings < IFE <sup>2</sup> triggers? <i>Yes/No</i>			
Notes:	PRINTED NAME: <i>Zach Forcier</i>		
	SIGNATURE: <i>[Signature]</i>	DATE: <i>3/8/24</i>	
	PHONE #: <i>(541) 547-3315</i>	CERT #: <i>J-9253</i>	

<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 Effl. (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: Feb 2024

Feb 2024

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/								22
2/								22
3/								22
4/								22
5/								22
6/ 1:30	1.1	105	116	10	7.7	25.0	Yes	26
7/								26
8/								26
9/								26
10/								26
11/								26
12/								24
13/								24
14/ 2:00	1.1	105	116	10	7.6	24.1	Yes	24
15/								24
16/								24
17/								24
18/								24
19/								30
20/								30
21/ 1:15	1.1	105	116	10	7.7	25.0	Yes	30
22/								30
23/								30
24/								30
25/								30
26/								28
27/								28
28/ 2:00	1.1	105	116	10	7.7	25.0	Yes	28
29/								28
30/								28
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.