

# 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:** April 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				.032			.061
4							
5							
6							
7							
8							
9							
10				.031			.073
11							
12							
13				.041			.063
14							
15							
16							
17				.038			.057
18							
19							
20							
21							
22							
23							
24				.034			.053
25							
26							
27							
28							
29							
30				.043			.068
31							

<p><b>Conventional or Direct Filtration</b></p> <p>95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>All turbidity readings &lt; IFE<sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<sup>2</sup></p> <p>Notes:</p>	<p style="text-align: center;"><b>Monthly Summary (Answer Yes or No)</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 33%;">All Cl<sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table> <p>PRINTED NAME: R. McClary</p> <p>SIGNATURE: R. McClary</p> <p>PHONE #: (541) 1547-3315</p> <p>DATE: 5/10/24</p> <p>CERT #: 2775</p>	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
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		

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- 8 Month/Year: April 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 /								18
2 /								18
3 / 12:00	1.1	105	116	10	7.6	24.1	YES	18
4 /								18
5 /								18
6 /								18
7 /								18
8 /								21
9 /								21
10 / 12:30	1.1	105	116	11	7.7	23.3	YES	21
11 /								21
12 /								21
13 / 12:00	1.1	105	116	11	7.7	23.3	YES	21
14 /								21
15 /								19
16 /								19
17 / 12:45	1.0	105	105	11	7.7	23.1	YES	19
18 /								19
19 /								19
20 /								19
21 /								19
22 /								24
23 /								24
24 / 12:00	1.1	105	116	11	7.6	22.5	YES	24
25 /								24
26 /								24
27 /								24
28 /								24
29 /								24
30 / 12:30	1.0	105	105	11	7.7	23.1	YES	24
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.