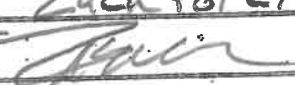


**OHA - Drinking Water Program – Turbidity Monitoring Report Form County: Lincoln  
Conventional or Direct Filtration**

System Name: SW LINCOLN CO WATER DIST ID #: OR4100925 WTP:-WTP 3 Month/Year: JULY 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				.036			.058
3							
4							
5				.042			.067
6							
7							
8							
9				.038			.059
10							
11				.035			.063
12							
13							
14							
15							
16				.048			.073
17							
18							
19				.053			.077
20							
21							
22							
23				.041			.057
24							
25				.037			.062
26							
27							
28							
29							
30				.057			.069
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	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 the 4-hour turbidity readings ≤ 1 NTU? <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:	PRINTED NAME: Zach Forcier		
	SIGNATURE: 	DATE: 8/9/24	
	PHONE #: (541) 547-3315	CERT #: T-9253	

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: July 2024

July 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/								32
2/2:00	1.1	105	116	15	7.6	17.2	YES	32
3/								32
4/								32
5/2:30	1.1	105	116	15	7.6	17.2	YES	32
6/								32
7/								32
8/								28
9/2:30	1.2	105	126	15	7.7	18.1	YES	28
10/								28
11/1:30	1.1	105	116	15	7.6	17.2	YES	28
12/								28
13/								28
14/								28
15/								26
16/2:00	1.2	105	126	15	7.7	18.1	YES	26
17/								26
18/								26
19/2:00	1.2	105	126	15	7.7	18.1	YES	26
20/								26
21/								26
22/								30
23/2:00	1.1	105	116	15	7.7	17.9	YES	30
24/								30
25/2:30	1.1	105	116	15	7.6	17.2	YES	30
26/								30
27/								30
28/								30
29/								30
30/2:00	1.2	105	126	15	7.6	17.9	YES	30
31/								30

<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.