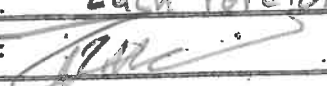


**OHA - Drinking Water Program – Turbidity Monitoring Report Form County: Lincoln  
Conventional or Direct Filtration**

**System Name: SW LINCOLN CO WATER DIST ID #: OR4100925 WTP:-WTP B Month/Year: September 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				.048			.071
4							
5				.041			.069
6							
7							
8							
9							
10				.038			.059
11							
12				.057			.067
13							
14							
15							
16							
17				.037			.077
18							
19				.044			.073
20							
21							
22							
23							
24				.039			.081
25							
26				.047			.079
27							
28							
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:	
PRINTED NAME: Zach Potcior		DATE: 10/10/24	
SIGNATURE: 		CERT #: T9253	
PHONE #: (541) 1547-3315			

<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: September 2014 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 /								21
2 /								21
3 / 2:00	1.1	105	116	14	7.4	17.1	Yes	21
4 /								21
5 / 1:00	1.1	105	116	14	7.4	17.1	Yes	21
6 /								21
7 /								21
8 /								21
9 /								18
10 / 1:00	1.0	105	105	14	7.4	16.9	Yes	18
11 /								18
12 / 1:30	1.1	105	116	14	7.5	17.7	Yes	18
13 /								18
14 /								18
15 /								18
16 /								20
17 / 12:30	1.1	105	116	14	7.5	17.7	Yes	20
18 /								20
19 / 1:00	1.1	105	116	14	7.5	17.7	Yes	20
20 /								20
21 /								20
22 /								20
23 /								19
24 / 1:00	1.0	105	105	14	7.4	16.9	Yes	19
25 /								19
26 / 1:30	1.1	105	116	14	7.4	17.1	Yes	19
27 /								19
28 /								19
29 /								19
30 /								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.