

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:** Dec 2024

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
1							
2							
3				.067			.073
4							
5				.043			.067
6							
7							
8							
9							
10				.036			.053
11							
12				.041			.063
13							
14							
15							
16							
17				.073			.082
18							
19				.061			.071
20							
21							
22							
23				.032			.055
24							
25							
26				.047			.063
27							
28							
29							
30							
31				.031			.073

Conventional or Direct Filtration 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <u>Yes / No</u> All the 4-hour turbidity readings ≤ 1 NTU? <u>Yes / No</u> All turbidity readings < IFE ² triggers? <u>Yes / No</u> ²		Monthly Summary (Answer Yes or No) CT's met everyday? <u>(see back) Yes / No</u> All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <u>Yes / No</u>	
Notes: 		PRINTED NAME: <u>Zach Forcier</u>	
		SIGNATURE: <u>[Signature]</u>	DATE: <u>1/10/25</u>
		PHONE #: <u>(541) 1547-3315</u>	CERT #: <u>F-9253</u>

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.
² IFE = Individ. Filter Effic. (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: Dec 2024

Required Log Inactivation: 5

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1 /								23
2 /								23
3 / 1:00	1.1	105	116	11	7.7	23.3	Yes	23
4 /								23
5 / 1:30	1.1	105	116	11	7.7	23.3	Yes	23
6 /								23
7 /								23
8 /								23
9 /								23
10 / 1:30	1.0	105	105	11	7.6	22.3	Yes	19
11 /								19
12 / 1:00	1.1	105	116	11	7.6	22.5	Yes	19
13 /								19
14 /								19
15 /								19
16 /								19
17 / 1:30	1.1	105	116	11	7.6	22.5	Yes	21
18 /								21
19 / 1:30	1.0	105	105	11	7.7	23.1	Yes	21
20 /								21
21 /								21
22 /								21
23 / 1:00	1.0	105	105	11	7.7	23.1	Yes	28
24 /								28
25 /								28
26 / 1:30	1.1	105	116	11	7.7	23.3	Yes	28
27 /								28
28 /								28
29 /								28
30 /								28
31 / 1:30	1.1	105	116	11	7.6	22.5	Yes	28

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.

Download form at: www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf