

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:** Jan 2025

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				.063			.077
3							
4							
5							
6							
7				.042			.068
8							
9				.061			.083
10							
11							
12							
13							
14				.037			.052
15							
16				.044			.066
17							
18							
19							
20							
21				.073			.081
22							
23				.035			.053
24							
25							
26							
27							
28							
29				.057			.079
30							
31							

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings ≤ 0.3 NTU? <u>Yes</u> / No	CT's met everyday? (see back) <u>Yes</u> / No	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <u>Yes</u> / No	
All the 4-hour turbidity readings ≤ 1 NTU? <u>Yes</u> / No			
All turbidity readings < IFE ² triggers? <u>Yes</u> / No ²			
Notes:	PRINTED NAME: <u>Zach Forc'ed</u>		
	SIGNATURE: <u>[Signature]</u>		DATE: <u>2/10/25</u>
	PHONE #: <u>(541) 1547-3315</u>		CERT #: <u>1-9253</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 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: January 2015

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 / 11:30	1.1	105	116	10	7.6	24.1	Yes	23
3 /								23
4 /								23
5 /								23
6 /								19
7 / 12:30	1.1	105	116	10	7.6	24.1	Yes	19
8 /								19
9 / 1:00	1.2	105	126	10	7.5	23.5	Yes	19
10 /								19
11 /								19
12 /								19
13 /								26
14 / 12:30	1.1	105	116	10	7.5	23.2	Yes	26
15 /								26
16 /	1.1	105	116	10	7.5	23.2	Yes	26
17 /								26
18 /								26
19 /								26
20 /								18
21 / 12:30	1.2	105	126	10	7.6	24.4	Yes	18
22 /								18
23 / 11:30	1.1	105	116	10	7.6	24.1	Yes	18
24 /								18
25 /								18
26 /								18
27 /								21
28 /								21
29 / 1:00	1.1	105	116	10	7.5	23.2	Yes	21
30 /								21
31 /								21

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