

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:** Mar 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							
3							
4				.057			.094
5							
6				.043			.073
7							
8							
9							
10							
11				.046			.091
12							
13				.051			.083
14							
15							
16							
17							
18				.056			.077
19							
20				.049			.081
21							
22							
23							
24							
25				.061			.076
26							
27							
28				.071			.087
29							
30							
31							

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? (see back) <u>Yes / No</u> All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <u>Yes / No</u>	
Notes: 		PRINTED NAME: <u>Zach Foyler</u>	
		SIGNATURE: <u>[Signature]</u>	DATE: <u>4/10/25</u>
		PHONE #: <u>(541) 1547-3315</u>	CERT #: <u>T-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-3 Month/Year: March 2025

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 /								22
2 /								22
3 /								22
4 / 1:00	1.1	105	116	10	7.6	24.1	Yes	22
5 /								22
6 / 1:30	1.1	105	116	10	7.6	24.1	Yes	22
7 /								22
8 /								22
9 /								22
10 /								19
11 / 1:45	1.0	105	105	10	7.5	23.0	Yes	19
12 /								19
13 / 1:00	1.1	105	116	10	7.6	24.1	Yes	19
14 /								19
15 /								19
16 /								19
17 /								26
18 / 1:45	1.1	105	116	10	7.7	25.0	Yes	26
19 /								26
20 / 1:00	1.0	105	105	10	7.6	23.8	Yes	26
21 /								26
22 /								26
23 /								26
24 /								24
25 / 1:00	1.1	105	116	13	7.6	24.1	Yes	24
26 /								24
27 /								24
28 / 1:30	1.1	105	116	10	7.7	25.0	Yes	24
29 /								24
30 /								24
31 /								24

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