

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:**

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	off			.027			.064
5	off			.032			.055
6							
7							
8							
9							
10	off			.035			.067
11				.026	.028		.126
12	off						
13							
14							
15							
16							
17	off			.030		off	.067
18	off			.032			.050
19							
20							
21							
22							
23							
24							
25							
26							
27	off			.028			.043
28							
29							
30							
31							

Conventional or Direct Filtration

95% of the 4-hour turbidity readings $\leq$ 0.3 NTU? **Yes / No**
 All the 4-hour turbidity readings $\leq$ 1 NTU? **Yes / No**
 All turbidity readings < IFE² triggers? **Yes / No**

Notes:

Monthly Summary (Answer Yes or No)

CT's met everyday?
 (see back)
Yes / No

All Cl₂ residuals at entry point $\geq$ 0.2 mg/l?
Yes / No

PRINTED NAME:

SIGNATURE:

PHONE #:

DATE:

CERT #:

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 = Indiv. Filter Eff. (OAR 333-081-0040(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:

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 /								18
2 /								18
3 /								18
4 / 10:00	1.2	105	126	15	7.7	18.1	Yes	20
5 / 12:00	1.1	105	116	14	7.5	17.7	Yes	20
6 /								20
7 /								20
8 /								20
9 /								20
10 / 12:00	1.3	105	137	15	7.5	17.0	Yes	20
11 / 1:00	1.1	105	116	15	7.5	16.6	Yes	18
12 /								18
13 /								18
14 /								18
15 /								18
16 /								18
17 / 9:00	1.2	105	126	16	7.6	16.3	Yes	18
18 / 12:00	1.4	105	147	16	7.7	17.3	Yes	19
19 /								19
20 /								19
21 /								19
22 /								19
23 /								19
24 /								19
25 /								14
26 /								14
27 / 1:00	1.4	105	147	15	7.6	17.8	Yes	14
28 /								14
29 /								14
30 /								14
31 /								14

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