

**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: January 2026

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	0.47						
2			.047	.099			.099
3							
4							
5							
6				.047	.050		.068
7							
8				.040	.057		.085
9							
10							
11							
12							
13				.067	.056		.075
14							
15							
16				.079	.51		.115
17							
18							
19							
20							
21				.101	.060		.105
22							
23			.062	.50			.087
24							
25				.080			.090
26							
27							
28							
29			.064	.048	.080		.087
30							
31							

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	All the 4-hour turbidity readings ≤ 1 NTU? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	CT's met everyday? (see back) <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No
All turbidity readings < IFE ² triggers? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No ²		Notes:	
Notes:		PRINTED NAME: <u>Rick McClung</u>	DATE: <u>2/3/26</u>
Notes:		SIGNATURE: <u>R. McClung</u>	CERT #: <u>2725</u>
Notes:		PHONE #: <u>(541) 819-2279</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 2026

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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/								40
2/10:00	1.4	105	147	11	7.7	24.2	Yes	40
3/								40
4/								40
5/								40
6/12:00	1.3	105	137	11	7.8	24.7	Yes	40
7/								21
8/12:00	1.2	105		11	7.7	23.6	Yes	21
9/								21
10/								21
11/								21
12/								21
13/11:30	1.3	105	137	10	7.8	26.5	Yes	21
14/								26
15/								26
16/12:00	1.4	105	147	11	7.7	24.2	Yes	26
17/								26
18/								26
19/								26
20/								19
21/1:00	1.4	105	147	10	7.6	23.3	Yes	19
22/								19
23/10:00	1.5	105	158	10	7.9	26.2	Yes	19
24/								19
25/12:00	1.5	105	158	10	7.8	25.3	Yes	19
26/								19
27/								22
28/								22
29/9:00	1.3	105	137	10	7.7	25.5	Yes	22
30/								22
31/								22

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