

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Lincon**

Conventional or Direct Filtration

Month/Year: **Feb-22**

System Name:	City of Yachats			ID#: 41	00966		WTP : TP -
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	0.04	0.04	0.03	0.03	off	off	0.04
2	off	off	off	0.03	0.04	off	0.04
3	off	off	off	off	off	off	off
4	off	off	off	off	off	off	off
5	off	off	off	off	off	off	off
6	off	off	off	off	off	off	off
7	off	off	off	0.03	0.03	off	0.03
8	off	off	0.03	0.03	0.03	off	0.03
9	off	off	0.04	0.04	0.03	off	0.04
10	0.03	0.03	0.03	off	off	off	0.03
11	off	off	off	off	off	off	off
12	off	off	off	off	off	off	off
13	off	off	off	off	off	off	off
14	off	off	off	0.05	0.06	0.03	0.05
15	0.08	0.10	0.14	0.03	0.03	0.03	0.14
16	0.03	0.05	0.01	0.03	0.03	0.03	0.05
17	0.03	off	0.03	off	0.03	0.03	0.03
18	off	0.03	0.03	off	0.03	off	0.03
19	off	off	off	off	off	off	off
20	off	off	off	off	off	off	off
21	off	off	off	off	off	off	off
22	off	off	0.03	0.05	0.06	0.03	0.06
23	0.03	0.03	0.03	0.03	0.03	0.03	0.03
24	0.03	0.04	off	0.03	off	0.03	0.04
25	off	0.03	off	0.03	off	3.00	0.03
26	off	off	off	off	off	off	off
27	off	off	off	off	off	off	off
28	off	off	off	0.03	0.03	0.03	0.03
29							
30							
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes	CT's met everyday? (see back) Yes	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes
All 4-hour turbidity readings ≤ 1 NTU? Yes		
All turbidity readings < IFE ² triggers Yes		

Notes:	PRINTED NAME: Rick McClung	
	SIGNATURE: Rick McClung	DATE: 2/10/22
	PHONE #: (541) 547-3851	CERT #: 2725

¹ Including continuous NTU 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 Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

System Name:	City of Yachats	ID#: 41	00966	Month/Year:	Feb-22	Disinfection <i>Giardia</i> Log Inactive:	1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1	1	72	72.0	11.0	7.30	40.1	YES	
2	0.8	72	57.6	11.0	7.30	39.2	YES	
3	0.8	72	57.6	11.0	7.40	40.6	YES	
4	0.8	72	57.6	11.0	7.30	39.2	YES	
5	0.8	72	57.6	11.0	7.30	39.2	YES	
6	0.8	72	57.6	11.0	7.30	39.2	YES	
7	0.6	72	43.2	11.0	7.40	39.7	YES	
8	0.6	72	43.2	11.0	7.40	39.7	YES	
9	0.6	72	43.2	12.0	7.40	37.2	YES	
10	0.7	72	50.4	12.0	7.30	36.4	YES	
11	0.6	72	43.2	12.0	7.30	36.0	YES	
12	0.6	72	43.2	13.0	7.30	33.2	YES	
13	0.8	72	57.6	12.0	7.30	36.8	YES	
14	0.7	72	50.4	12.0	7.30	36.4	YES	
15	0.8	72	57.6	13.0	7.20	32.8	YES	
16	0.9	72	64.8	12.0	7.40	38.5	YES	
17	0.8	72	57.6	12.0	7.40	38.1	YES	
18	0.7	72	50.4	12.0	7.40	37.6	YES	
19	1.5	72	108.0	10.0	7.30	45.3	YES	
20	1.4	72	100.8	10.0	7.30	44.8	YES	
21	1.4	72	100.8	10.0	7.30	44.8	YES	
22	1.4	72	100.8	9.0	7.40	49.6	YES	
23	1.2	72	86.4	8.0	7.30	50.0	YES	
24	1.1	72	79.2	10.0	7.30	43.3	YES	
25	1.2	72	86.4	10.0	7.40	45.4	YES	
26	1.1	72	79.2	8.0	7.40	51.3	YES	
27	1	72	72.0	9.0	7.30	45.8	YES	
28	1.1	72	79.2	9.0	7.40	48.0	YES	
29								
30								
31								

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

Return by 10th of following month by email, fax, or mail to:

dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350