

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Lincon**  
 Month/Year: **May-22**

Conventional or Direct Filtration

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 <sup>1</sup> [NTU]
1	off	off	off	off	off	off	off
2	off	off	off	off	off	off	off
3	off	off	off	off	off	0.04	0.04
4	0.04	0.04	0.04	0.04	0.04	0.03	0.04
5	0.03	0.03	0.03	0.03	off	off	0.03
6	off	off	off	0.03	off	off	0.03
7	off	off	off	off	off	off	off
8	off	off	off	off	off	off	off
9	0.03	0.05	0.05	0.04	0.04	0.04	0.04
10	0.03	0.04	0.04	0.03	0.03	0.03	0.04
11	off	off	off	off	off	off	off
12	off	off	off	off	off	off	off
13	off	off	off	off	0.06	0.08	0.08
14	0.04	0.04	off	off	off	off	0.04
15	off	off	off	off	off	off	off
16	off	off	off	0.04	0.03	0.03	0.04
17	0.04	0.05	off	off	0.04	0.04	0.05
18	0.04	off	off	0.03	0.03	0.03	0.04
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	off	off	off	off	off
23	off	off	0.03	0.03	0.03	0.03	0.03
24	0.03	0.03	0.03	0.03	off	off	0.03
25	off	off	0.03	0.03	0.03	0.03	0.03
26	0.02	0.03	0.04	0.03	0.02	0.02	0.04
27	0.02	0.02	off	off	off	off	0.02
28	off	off	off	off	off	off	off
29	off	off	off	off	off	off	off
30	off	off	off	0.06	0.03	0.04	0.06
31	0.03	0.03	0.05	0.03	0.03	0.03	0.05

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

<b>Notes:</b>	<b>PRINTED NAME: Rick McClung</b>	
	<b>SIGNATURE: Rick McClung</b>	<b>6.8.22</b>
	<b>PHONE #: ( 541 ) 547-3851</b>	<b>CERT #: 2725</b>

<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Effic. (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:	May-22	Disinfection <i>Giardia</i> Log Inactive:	1
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	0.8	72	57.6	11.0	7.60	43.6	YES	
2	0.7	72	50.4	12.0	7.50	39.0	YES	
3	0.8	72	57.6	12.0	7.50	39.4	YES	
4	0.9	72	64.8	12.0	7.60	41.3	YES	
5	0.7	72	50.4	12.0	7.40	37.6	YES	
6	0.8	72	57.6	12.0	7.40	38.1	YES	
7	0.8	72	57.6	12.0	7.40	38.1	YES	
8	0.8	72	57.6	12.0	7.20	35.5	YES	
9	0.8	72	57.6	11.0	7.30	39.2	YES	
10	0.6	72	43.2	12.0	7.40	37.2	YES	
11	0.5	72	36.0	13.0	7.20	31.7	YES	
12	0.5	72	36.0	13.0	7.40	34.1	YES	
13	0.8	72	57.6	11.0	7.40	40.6	YES	
14	1	72	72.0	12.0	7.60	41.7	YES	
15	1	72	72.0	11.0	7.10	37.4	YES	
16	1	72	72.0	11.0	7.40	41.6	YES	
17	0.9	72	64.8	12.0	7.30	37.2	YES	
18	0.8	72	57.6	12.0	7.30	36.8	YES	
19	0.8	72	57.6	12.0	7.30	36.8	YES	
20	0.6	72	43.2	12.0	7.40	37.2	YES	
21	0.6	72	43.2	12.0	7.40	37.2	YES	
22	0.5	72	36.0	13.0	7.30	32.9	YES	
23	0.8	72	57.6	13.0	7.30	34.0	YES	
24	0.9	72	64.8	13.0	7.40	35.7	YES	
25	1	72	72.0	13.0	7.40	36.1	YES	
26	0.9	72	64.8	13.0	7.40	35.7	YES	
27	0.8	72	57.6	13.0	7.40	35.3	YES	
28	0.8	72	57.6	13.0	7.40	35.3	YES	
29	0.7	72	50.4	13.0	7.40	34.9	YES	
30	0.6	72	43.2	13.0	7.40	34.5	YES	
31	0.8	72	57.6	13.0	7.30	34.0	YES	

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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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