

OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration

County: **Lincon**
 Month/Year: **Feb-23**

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	off	0.03	off	off	0.04	0.04	0.04
2	0.04	0.04	0.03	0.03	0.03	0.03	0.04
3	off	off	0.04	off	off	off	0.04
4	off	off	0.03	off	off	off	0.03
5	off	off	off	off	off	off	off
6	off	off	0.03	0.04	0.04	0.05	0.05
7	0.05	0.06	off	off	0.03	off	0.06
8	off	0.03	off	off	0.03	off	0.03
9	off	off	0.03	off	off	0.03	0.03
10	off	off	off	0.03	off	off	0.03
11	0.03	off	off	0.05	off	off	0.05
12	off	off	0.04	off	off	off	0.04
13	off	off	off	off	off	off	off
14	off	off	0.03	0.03	0.06	0.03	0.06
15	0.03	off	off	0.03	off	off	0.03
16	0.03	off	off	0.03	off	off	0.03
17	off	0.05	0.06	off	0.03	off	0.06
18	off	0.03	off	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	0.03	0.04	0.04	0.04
23	0.04	0.04	0.03	0.03	0.03	0.03	0.04
24	0.03	off	off	0.03	off	off	0.03
25	off	off	off	off	off	off	off
26	off	off	off	off	off	off	off
27	off	off	0.03	0.03	0.03	0.03	0.03
28	0.03	0.06	0.06	0.03	0.03	0.03	0.06
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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes		Yes	Yes
All turbidity readings < IFE ² triggers	Yes			
Notes:			PRINTED NAME: Rick McClung	
			SIGNATURE: Rick McClung	DATE: 3.7.23
			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-23	Disinfection <i>Giardia</i> Log Inactive:	1
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Date / Time	Minimum Cl ₂ Residual at 1st 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]		formula	Yes / No	[GPM]
1	0.9	72	64.8	11.0	7.30	39.7	YES	350
2	0.8	72	57.6	11.0	7.20	37.9	YES	350
3	0.8	72	57.6	12.0	7.10	34.3	YES	350
4	0.7	72	50.4	13.0	7.60	37.6	YES	350
5	0.7	72	50.4	11.0	7.60	43.1	YES	350
6	0.8	72	57.6	11.0	7.20	37.9	YES	350
7	0.9	72	64.8	10.0	7.20	40.9	YES	350
8	0.9	72	64.8	12.0	7.20	35.9	YES	350
9	0.9	72	64.8	12.0	7.20	35.9	YES	350
10	1	72	72.0	13.0	7.10	32.3	YES	350
11	0.9	72	64.8	9.0	7.10	42.2	YES	350
12	1	72	72.0	9.0	7.10	42.7	YES	350
13	1	72	72.0	10.0	7.10	40.0	YES	350
14	1	72	72.0	9.0	7.10	42.7	YES	350
15	1	72	72.0	9.0	7.20	44.2	YES	350
16	1	72	72.0	9.0	7.10	42.7	YES	350
17	0.9	72	64.8	11.0	7.10	37.0	YES	350
18	1	72	72.0	10.0	7.10	40.0	YES	350
19	1	72	72.0	10.0	7.40	44.4	YES	350
20	1	72	72.0	10.0	7.30	42.8	YES	350
21	0.9	72	64.8	9.0	7.30	45.3	YES	350
22	0.9	72	64.8	9.0	7.20	43.7	YES	350
23	0.9	72	64.8	9.0	7.20	43.7	YES	350
24	1.1	72	79.2	6.0	7.10	52.7	YES	350
25	1	72	72.0	9.0	7.00	41.2	YES	350
26	1.1	72	79.2	9.0	7.10	43.1	YES	350
27	1	72	72.0	9.0	7.10	42.7	YES	350
28	1	72	72.0	9.0	7.20	44.2	YES	350
29								
30								
31								

³ If Cl₂ 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
 PAGE 2 of 2