

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lincoln

Conventional or Direct Filtration

Month/Year: OCT 2024

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	.02	OFF	OFF	OFF	.03	OFF	.03
2	.02	OFF	.03	OFF	.02	OFF	.03
3	OFF	OFF	OFF	.03	OFF	.02	.03
4	OFF	OFF	OFF	OFF	.03	OFF	.03
5	OFF	OFF	OFF	OFF	OFF	OFF	
6	OFF	OFF	.03	.03	.03	OFF	.03
7	OFF	.03	OFF	OFF	OFF	OFF	.03
8	.03	OFF	OFF	.03	OFF	OFF	.03
9	OFF	OFF	.03	OFF	OFF	OFF	.03
10	OFF	OFF	OFF	OFF	OFF	OFF	
11	OFF	OFF	OFF	.04	OFF	.03	.04
12	.02	OFF	.02	.03	OFF	OFF	.03
13	.03	OFF	OFF	OFF	OFF	OFF	.03
14	.03	OFF	.03	.03	OFF	OFF	.03
15	.03	OFF	.03	.03	OFF	OFF	.03
16	.03	OFF	.03	.03	.03	OFF	.03
17	.03	OFF	OFF	OFF	OFF	OFF	.03
18	OFF	OFF	OFF	.04	.04	OFF	.04
19	.03	OFF	.03	.03	OFF	OFF	.03
20	OFF	OFF	OFF	OFF	OFF	OFF	
21	.03	OFF	OFF	OFF	OFF	OFF	.03
22	OFF	OFF	.04	OFF	.04	.04	.04
23	OFF	.05	OFF	OFF	OFF	OFF	.05
24	OFF	OFF	OFF	OFF	.03	.03	.03
25	OFF	OFF	.03	OFF	0.05	OFF	.05
26	OFF	OFF	OFF	0.02	0.04	0.09	0.09
27	0.26	0.01	0.01	0.01	0.01	OFF	0.26
28	OFF	OFF	OFF	OFF	0.11	0.03	0.11
29	0.03	0.03	0.03	0.03	0.03	0.03	0.03
30	0.06	0.06	0.05	0.03	0.03	0.03	0.05
31	0.03	0.03	OFF	OFF	OFF	OFF	0.03

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings ≤ 0.3 NTU?

Yes

All 4-hour turbidity readings ≤ 1 NTU?

Yes

All turbidity readings < IFE² triggers

Yes

CT's met everyday? (see back)

Yes

All Cl₂ residual at entry point ≥ 0.2 mg/l?

Yes

Notes:

PRINTED NAME: Rick McClung

SIGNATURE: Rick McClung

PHONE #: (541) 547-3851

DATE: OCT 2024

CERT #: 2785

¹Including 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. ²IFE = Invalid Filter Eff (333-061-004X) (NPK&C)

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

System Name: City of Yachats ID#: 41 00966 Month/Year: Oct-24 Disinfection *Giardia* Log Inactive: 1

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	0.7	72	50.4	17.0	7.30	25.7	YES	
2	0.9	72	64.8	17.0	7.30	26.3	YES	
3	0.9	72	64.8	16.0	7.40	29.2	YES	
4	0.9	72	64.8	15.0	7.60	33.6	YES	
5	0.9	72	64.8	16.0	7.60	31.5	YES	
6	0.9	72	64.8	15.0	7.40	31.2	YES	
7	0.9	72	64.8	15.0	7.40	31.2	YES	
8	0.9	72	64.8	17.0	7.40	27.3	YES	
9	1.3	72	93.6	15.0	7.70	36.5	YES	
10	0.8	72	57.6	17.0	7.30	26.0	YES	
11	0.8	72	57.6	15.0	7.80	35.8	YES	
12	1.3	72	93.6	14.0	7.40	34.9	YES	
13	1.3	72	93.6	14.0	7.70	39.0	YES	
14	1	72	72.0	17.0	7.40	27.6	YES	
15	1	72	72.0	17.0	7.40	27.6	YES	
16	1	72	72.0	16.0	7.40	29.6	YES	
17	1.1	72	79.2	17.0	7.40	28.0	YES	
18	1.4	72	100.8	16.0	7.80	35.9	YES	
19	1.1	72	79.2	17.0	7.60	30.1	YES	
20	1	72	72.0	17.0	7.60	29.8	YES	
21	1	72	72.0	15.0	7.40	31.6	YES	
22	0.8	72	57.6	15.0	7.40	30.9	YES	
23	0.8	72	57.6	14.0	7.20	30.7	YES	
24	0.8	72	57.6	14.0	7.10	29.5	YES	
25	0.8	72	57.6	15.0	7.90	37.2	YES	
26	0.9	72	64.8	12.0	7.70	42.7	YES	
27	1	72	72.0	15.0	7.70	35.3	YES	
28	0.8	72	57.6	17.0	7.80	31.3	YES	
29	0.7	72	50.4	17.0	7.40	26.7	YES	
30	0.8	72	57.6	16.0	7.40	28.9	YES	
31	0.7	72	50.4	15.0	7.40	30.5	YES	

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