OHA - Drinking Water Services -Turbidity Monitoring Report Form | **County:** Lincon

Conventional or Direct Filtration | **Month/Year:**

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	0.03	0.03	0.03	0.04	0.03	0.03	
2	Off	Off	0.03	0.03	0.03	Off	
3	Off	Off	0.03	0.03	Off	0.03	
4	Off	0.03	0.03	Off	0.03	0.03	
5	Off	0.03	0.04	0.03	0.03	0.03	
6	0.03	Off	Off	off	off	0.03	
7	off	0.03	off	off	off	off	
8	off	0.03	0.03	off	off	off	
9	off	0.03	off	off	off	off	
10	off	off	0.03	0.03	0.03	0.03	
11	off	off	off	off	off	off	
12	off	off	off	off	off	off	
13	off	off	off	off	off	off	
14	off	off	0.04	0.03	0.03	0.03	
15	0.03	0.03	0.03	0.03	0.03	0.03	
16	0.03	0.03	0.03	0.03	0.03	0.03	
17	off	off	0.03	0.03	0.03	off	
18	off	0.03	0.03	0.03	0.03	0.03	
19	Off	0.03	Off	Off	Off	Off	
20	Off	Off	Off	Off	Off	Off	
21	Off	Off	Off	0.03	0.04	0.03	
22	0.03	0.02	Off	Off	Off	Off	
23	Off	Off	Off	Off	0.03	Off	
24	Off	Off	Off	Off	Off	Off	
25	Off	0.03	0.03	Off	Off	Off	
26	0.03	0.03	Off	Off	Off	Off	
27	Off	0.03	Off	Off	Off	Off	
28	Off	Off	Off	0.04	0.03	0.03	
29	0.02	Off	0.02	0.03	off	off	
30	Off	0.03	0.03	0.03	0.03	0.03	
31	0.03	Off					

Conventional or Direct Filtration

95% of 4-hour turbidity readings ≤ 0.3 NTU?	**Yes**
All 4-hour turbidity readings ≤ 1 NTU?	**Yes**
All turbidity readings < IFE[2] triggers	**Yes**

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
Yes	**Yes**

Notes:

PRINTED NAME: Rick McClung

SIGNATURE: Rick McClung **DATE:**

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

System Name:	**City of Yachats**	**ID#: 41**	**00966**	**Month/Year:**	**WTP - :**
					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	0.8	72	57.6	16.0	7.10	25.8	YES	
2	0.8	72	57.6	16.0	7.30	27.8	YES	
3	0.9	72	64.8	16.0	7.60	31.5	YES	
4	0.9	72	64.8	15.0	7.40	31.2	YES	
5	1	72	72.0	15.0	7.50	32.8	YES	
6	1	72	72.0	15.0	7.50	32.8	YES	
7	1.1	72	79.2	16.0	7.40	29.9	YES	
8	0.8	72	57.6	16.0	7.30	27.8	YES	
9	0.8	72	57.6	16.5	7.50	29.0	YES	
10	0.8	72	57.6	16.0	7.60	31.1	YES	
11	0.8	72	57.6	16.0	7.60	31.1	YES	
12	1	72	72.0	16.0	7.40	29.6	YES	
13	0.7	72	50.4	16.0	7.30	27.5	YES	
14	0.8	72	57.6	16.0	7.70	32.3	YES	
15	0.7	72	50.4	17.0	7.20	24.8	YES	
16	0.8	72	57.6	16.0	7.60	31.1	YES	
17	0.8	72	57.6	17.0	7.60	29.1	YES	
18	0.8	72	57.6	17.0	7.50	28.0	YES	
19	0.8	72	57.6	17.0	7.60	29.1	YES	
20	0.8	72	57.6	16.0	7.60	31.1	YES	
21	0.8	72	57.6	17.0	7.70	30.2	YES	
22	0.7	72	50.4	17.0	7.20	24.8	YES	
23	0.8	72	57.6	17.0	7.40	27.0	YES	
24	0.8	72	57.6	16.0	7.60	31.1	YES	
25	0.8	72	57.6	16.0	7.50	30.0	YES	
26	0.8	72	57.6	17.0	7.50	28.0	YES	
27	0.8	72	57.6	16.0	7.60	31.1	YES	
28	0.7	72	50.4	16.0	7.30	27.5	YES	
29	0.8	72	57.6	17.0	7.20	25.1	YES	
30	0.8	72	57.6	17.0	7.20	25.1	YES	
31	0.7	72	50.4	17.0	7.30	25.7	YES	

[3] If Cl_2 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