

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lincoln

Conventional or Direct Filtration

Month/Year: Nov-25

System Name: Johnson Creek Water Service		ID#: 41 01072					WTP : TP - A	
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-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
2-Nov	OFF	OFF	OFF	0.03	0.01	0.01	0.03	
3-Nov	0.01	OFF	OFF	OFF	OFF	OFF	0.01	
4-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
5-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
6-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
7-Nov	OFF	OFF	OFF	OFF	OFF	0.01	0.01	
8-Nov	0.01	OFF	OFF	OFF	0.02	0.01	0.02	
9-Nov	0.15	OFF	OFF	OFF	0.03	0.02	0.15	
10-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
11-Nov	OFF	OFF	OFF	OFF	0.01	0.01	0.01	
12-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
13-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
14-Nov	OFF	OFF	OFF	0.03	0.10	OFF	0.10	
15-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
16-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
17-Nov	OFF	OFF	OFF	OFF	0.01	0.01	0.01	
18-Nov	0.05	OFF	OFF	OFF	OFF	OFF	0.05	
19-Nov	OFF	OFF	OFF	OFF	OFF	0.01	0.01	
20-Nov	0.01	0.07	0.23	OFF	OFF	OFF	0.23	
21-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
22-Nov	OFF	OFF	OFF	0.01	0.01	OFF	0.01	
23-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
24-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
25-Nov	OFF	OFF	OFF	0.01	0.24	OFF	0.24	
26-Nov	OFF	OFF	OFF	0.09	OFF	0.03	0.09	
27-Nov	0.01	OFF	OFF	OFF	OFF	OFF	0.01	
28-Nov	OFF	OFF	OFF	OFF	0.03	0.03	0.03	
29-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
30-Nov	OFF	OFF	OFF	OFF	0.06	0.03	0.06	
Conventional or Direct Filtration				Monthly Summary (Answer Yes or No)				
95% of 4-hour turbidity readings ≤ 0.3 NTU?				CT's met everyday? (see back)		All Cl2 residual at entry point ≥ 0.2 mg/l?		
All 4-hour turbidity readings ≤ 1 NTU?				<input checked="" type="radio"/> Yes / <input type="radio"/> No		<input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE ² triggers				<input checked="" type="radio"/> Yes / <input type="radio"/> No		<input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes:				PRINTED NAME: Curtis Olson				
				SIGNATURE: <i>Curtis Olson</i>			12/5/2025	
				PHONE #: (503)-554-8333			CERT #: T216644	

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)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form						WTP - : A	Inactivation
System Name:	Johnson Creek Water Service	ID#: 41 01072	Month/Year:	Nov-25	Disinfection <i>Giardia</i> 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-Nov	OFF							
2-Nov	0.50	300	150.0	14.0	7.4	31.9	Yes	80
3-Nov	0.70	300	210.0	14.0	7.5	33.9	Yes	80
4-Nov	OFF							
5-Nov	OFF							
6-Nov	OFF							
7-Nov	0.40	300	120.0	14.0	7.4	31.5	Yes	80
8-Nov	0.40	300	120.0	14.0	7.4	31.5	Yes	80
9-Nov	0.40	300	120.0	14.0	7.4	31.5	Yes	80
10-Nov	OFF							
11-Nov	0.40	300	120.0	13.0	7.4	33.7	Yes	80
12-Nov	OFF							
13-Nov	OFF							
14-Nov	0.30	300	90.0	13.0	7.4	33.3	Yes	80
15-Nov	OFF							
16-Nov	OFF							
17-Nov	0.30	300	90.0	13.0	7.4	33.3	Yes	80
18-Nov	0.40	300	120.0	13.0	7.4	33.7	Yes	80
19-Nov	0.30	300	90.0	13.0	7.3	32.1	Yes	80
20-Nov	0.60	300	150.0	12.0	7.7	41.3	Yes	80
21-Nov	OFF							
22-Nov	0.40	300	120.0	13.0	7.4	33.7	Yes	80
23-Nov	OFF							
24-Nov	OFF							
25-Nov	0.40	300	120.0	12.0	7.4	36.4	Yes	80
26-Nov	0.50	300	150.0	12.0	7.3	35.6	Yes	80
27-Nov	0.50	300	150.0	12.0	7.3	35.6	Yes	80
28-Nov	0.40	300	120.0	12.0	7.4	36.4	Yes	80
29-Nov	OFF							
30-Nov	0.30	300	150.0	12.0	7.4	36.0	Yes	80

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

Revised July 2018

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