

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lincoln

Conventional or Direct Filtration

JANUARY 2021

Month/Year: Jan-21

System Name: City of Depoe Bay ID#: 4100254 WTP : TP - Depoe Bay

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	OFF	OFF	0.029	0.030	0.031	0.031
2	OFF	OFF	OFF	0.033	0.031	OFF	0.033
3	OFF	OFF	OFF	OFF	OFF	OFF	0.000
4	OFF	OFF	OFF	0.032	0.031	0.031	0.032
5	OFF	OFF	OFF	0.033	0.038	0.032	0.038
6	OFF	OFF	OFF	0.033	0.031	OFF	0.033
7	OFF	OFF	OFF	0.031	0.033	OFF	0.033
8	OFF	OFF	OFF	0.029	0.030	OFF	0.030
9	OFF	OFF	OFF	0.051	0.036	OFF	0.051
10	OFF	OFF	OFF	0.031	0.030	0.031	0.031
11	OFF	OFF	OFF	0.036	0.032	0.030	0.036
12	OFF	OFF	OFF	OFF	OFF	OFF	0.000
13	OFF	OFF	OFF	0.040	0.033	OFF	0.040
14	OFF	OFF	OFF	0.034	0.036	0.032	0.036
15	OFF	OFF	OFF	0.036	OFF	OFF	0.036
16	OFF	OFF	OFF	0.033	0.032	0.032	0.033
17	OFF	OFF	OFF	0.032	0.030	OFF	0.032
18	OFF	OFF	OFF	0.030	0.030	OFF	0.030
19	OFF	OFF	OFF	0.030	0.031	OFF	0.031
20	OFF	OFF	OFF	0.032	0.032	OFF	0.032
21	OFF	OFF	OFF	0.033	0.035	OFF	0.035
22	OFF	OFF	OFF	0.036	0.045	OFF	0.045
23	OFF	OFF	OFF	0.037	0.032	0.032	0.037
24	OFF	OFF	OFF	0.034	0.031	OFF	0.034
25	OFF	OFF	OFF	0.032	0.030	OFF	0.032
26	OFF	OFF	OFF	0.031	0.030	OFF	0.031
27	OFF	OFF	OFF	0.030	0.032	OFF	0.032
28	OFF	OFF	OFF	0.032	0.046	OFF	0.046
29	OFF	OFF	OFF	0.035	0.032	OFF	0.035
30	OFF	OFF	OFF	0.031	0.031	OFF	0.031
31	OFF	OFF	OFF	0.032	0.035	OFF	0.035

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	Cl ₂ met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl ₂ residual at entry point > 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes <input type="radio"/> No		

Notes:

PRINTED NAME: Brady Weidner

SIGNATURE: *[Signature]* DATE: 2-8-21

PHONE #: (541) 765-3005 CERT #: 3753

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(e)(B&C))

JANUARY 2021

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : Depoe Bay

System Name:	City of Depoe Bay	ID#: 4100254	Month/Year:	Jan-21	Disinfection <i>Giardia</i> Log Inactive:	0.5
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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]
1/11:36	1.1	290	328	8.9	7.1	22	YES	326
2/14:43	1.1	290	326	9.1	7.1	22	YES	329
3/0:0	1.1	290	319	9.1	7.1	21	YES	309
4/19:31	0.9	290	252	10.4	7.1	19	YES	282
5/9:13	1.0	290	292	10.2	7.1	20	YES	299
6/16:17	1.1	290	306	10.1	7.2	21	YES	345
7/11:25	1.0	290	288	10.2	7.1	20	YES	284
8/9:21	1.0	290	298	10.3	7.7	24	YES	295
9/10:19	1.0	290	302	10.0	7.5	23	YES	330
10/10:19	1.2	290	342	9.7	7.6	25	YES	333
11/12:56	1.1	290	318	10.0	7.1	20	YES	278
12/0:0	1.1	290	319	10.0	7.1	20	YES	314
13/8:32	1.0	290	294	10.5	7.1	19	YES	273
14/10:44	1.1	290	308	10.2	7.1	20	YES	294
15/12:11	1.1	290	314	10.5	8.1	28	YES	282
16/16:27	1.0	290	284	10.5	7.1	19	YES	302
17/17:56	1.0	290	300	10.6	7.3	21	YES	315
18/10:25	1.1	290	312	10.1	7.5	23	YES	296
19/10:0	1.1	290	328	9.5	7.4	23	YES	308
20/15:40	1.1	290	312	8.7	8.3	33	YES	280
21/9:47	1.1	290	320	8.6	7.5	26	YES	268
22/18:56	1.1	290	318	8.7	7.4	24	YES	280
23/11:2	1.1	290	306	9.3	7.6	25	YES	304
24/18:1	1.0	290	298	8.0	7.1	23	YES	342
25/16:0	1.0	290	304	7.7	7.1	23	YES	322
26/15:37	0.9	290	270	7.3	7.9	31	YES	257
27/11:15	1.0	290	290	7.1	7.5	28	YES	320
28/14:44	0.9	290	264	7.8	7.1	23	YES	275
29/13:24	1.0	290	290	7.9	7.1	23	YES	313
30/14:0	1.1	290	306	7.8	7.1	23	YES	307
31/9:2	1.0	290	284	8.3	7.1	22	YES	344

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