

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

County: **Lincoln**
 Month/Year: **Jan-24**

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	0.062	0.042	0.043	0.062
2	OFF	OFF	OFF	0.061	0.056	OFF	0.061
3	OFF	OFF	OFF	0.062	0.056	0.043	0.062
4	OFF	OFF	OFF	0.062	0.050	0.080	0.080
5	OFF	OFF	OFF	OFF	0.050	0.038	0.050
6	OFF	OFF	OFF	0.040	0.040	OFF	0.040
7	OFF	OFF	OFF	0.042	0.052	OFF	0.052
8	OFF	OFF	OFF	0.050	0.054	OFF	0.054
9	OFF	OFF	OFF	0.040	0.044	OFF	0.044
10	OFF	OFF	OFF	OFF	0.040	0.041	0.041
11	OFF	OFF	OFF	0.047	0.061	OFF	0.061
12	OFF	OFF	OFF	0.051	0.063	OFF	0.063
13	OFF	OFF	OFF	OFF	OFF	OFF	0.000
14	OFF	OFF	0.080	0.093	0.086	0.041	0.093
15	0.033	0.033	0.032	0.060	0.000	0.000	0.060
16	OFF	OFF	OFF	OFF	OFF	OFF	0.000
17	OFF	OFF	OFF	OFF	OFF	OFF	0.000
18	OFF	OFF	OFF	0.060	0.067	0.083	0.083
19	OFF	OFF	0.084	OFF	OFF	OFF	0.084
20	OFF	OFF	OFF	0.056	OFF	OFF	0.056
21	OFF	OFF	OFF	0.073	0.084	0.065	0.084
22	OFF	OFF	OFF	0.048	OFF	OFF	0.048
23	OFF	OFF	OFF	0.043	OFF	OFF	0.043
24	OFF	OFF	OFF	0.050	OFF	OFF	0.050
25	OFF	OFF	OFF	0.062	OFF	OFF	0.062
26	OFF	OFF	OFF	0.042	OFF	OFF	0.042
27	OFF	OFF	OFF	0.063	0.066	OFF	0.066
28	OFF	OFF	OFF	0.043	0.040	OFF	0.043
29	OFF	OFF	OFF	0.042	OFF	OFF	0.042
30	OFF	OFF	OFF	0.044	OFF	OFF	0.044
31	OFF	OFF	OFF	0.044	0.042	OFF	0.044

Conventional or Direct Filtration

95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes / No
 All 4-hour turbidity readings ≤ 1 NTU? Yes / No
 All turbidity readings < IFE² triggers Yes / No

Monthly Summary (Answer Yes or No)

CF's met everyday: (see back) Yes / No
 All GZ residual at entry point > 0.2 mg/l? Yes / No

Notes:

PRINTED NAME: **Brady Weidner**
 SIGNATURE: *Brady Weidner* DATE: **2-7-24**
 PHONE #: **(541) 765-3005** CERT #: **3793**

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))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : Depoe Bay

System Name:	City of Depoe Bay	ID#: 4100254	Month/Year:	Jan-24	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]
1/10:33	0.8	290	236	11.1	7.4	20	YES	345
2/11:51	0.9	290	261	10.6	7.1	19	YES	287
3/11:50	0.8	290	234	10.0	7.1	20	YES	275
4/12:32	0.6	290	180	10.7	7.2	19	YES	284
5/13:19	0.8	290	224	10.3	7.1	19	YES	281
6/11:2	0.6	290	162	10.6	7.3	20	YES	338
7/14:35	0.8	290	242	9.9	7.1	20	YES	323
8/9:25	0.8	290	218	10.4	7.2	20	YES	299
9/11:18	0.8	290	242	9.8	7.1	20	YES	260
10/13:3	0.9	290	252	10.0	7.1	20	YES	260
11/10:12	0.9	290	272	9.6	7.1	20	YES	258
12/15:45	0.9	290	274	9.5	7.2	21	YES	298
13/10:00	0.9	290	261	9.6	7.1	20	YES	255
14/11:15	0.9	290	261	9.4	7.1	21	YES	273
15/11:44	0.9	290	264	9.5	7.2	21	YES	302
16/13:36	0.9	290	261	9.4	7.1	21	YES	315
17/13:11	0.9	290	261	9.7	7.1	20	YES	308
18/19:0	0.8	290	244	10.3	7.2	20	YES	302
19/3:54	0.9	290	262	9.8	7.4	22	YES	298
20/9:27	1.0	290	282	9.6	7.6	24	YES	323
21/21:48	0.9	290	266	9.5	7.7	25	YES	366
22/14:54	1.1	290	310	9.8	7.6	25	YES	293
23/13:45	1.0	290	292	9.3	7.5	24	YES	285
24/8:37	1.0	290	284	9.3	7.6	25	YES	308
25/8:57	0.9	290	264	9.8	7.5	23	YES	308
26/8:51	1.0	290	292	10.2	7.6	24	YES	291
27/9:55	0.9	290	252	10.4	7.6	23	YES	330
28/10:30	0.9	290	254	10.1	7.5	22	YES	339
29/9:5	1.0	290	278	9.8	7.3	22	YES	421
30/8:31	0.9	290	274	9.6	7.3	22	YES	400
31/9:10	1.0	290	290	9.6	7.3	22	YES	323

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