

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

County: **Lincoln**
 Month/Year: **Jan-25**

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	0.018	0.017	0.018	0.018
2	0.019	OFF	OFF	OFF	OFF	OFF	0.019
3	OFF	OFF	OFF	0.021	0.036	0.033	0.036
4	0.038	OFF	OFF	OFF	OFF	OFF	0.038
5	OFF	OFF	OFF	0.022	0.034	0.020	0.034
6	0.025	OFF	OFF	OFF	0.022	OFF	0.025
7	OFF	OFF	OFF	0.019	0.017	OFF	0.019
8	OFF	OFF	OFF	0.018	OFF	OFF	0.018
9	OFF	OFF	OFF	0.019	0.022	OFF	0.022
10	OFF	OFF	OFF	0.025	0.019	OFF	0.025
11	OFF	OFF	OFF	0.022	0.020	0.019	0.022
12	OFF	OFF	OFF	0.020	0.021	OFF	0.021
13	OFF	OFF	OFF	0.018	0.018	OFF	0.018
14	OFF	OFF	OFF	0.018	OFF	OFF	0.018
15	OFF	OFF	OFF	0.020	0.021	OFF	0.021
16	OFF	OFF	OFF	0.021	0.022	OFF	0.022
17	OFF	OFF	OFF	0.023	0.024	OFF	0.024
18	OFF	OFF	OFF	OFF	OFF	OFF	0.000
19	OFF	OFF	0.026	0.027	0.026	0.025	0.027
20	0.027	0.028	OFF	OFF	OFF	OFF	0.028
21	OFF	OFF	OFF	0.020	0.018	0.018	0.020
22	0.017	OFF	OFF	0.019	OFF	OFF	0.019
23	OFF	OFF	OFF	0.021	0.022	OFF	0.022
24	OFF	OFF	OFF	0.023	0.019	OFF	0.023
25	OFF	OFF	OFF	0.022	0.018	0.020	0.022
26	0.038	0.034	OFF	0.025	0.018	0.018	0.038
27	OFF	OFF	OFF	0.018	OFF	0.019	0.019
28	0.019	OFF	OFF	OFF	OFF	OFF	0.019
29	OFF	OFF	OFF	0.018	0.018	OFF	0.018
30	OFF	OFF	OFF	0.018	0.017	OFF	0.018
31	OFF	OFF	OFF	0.019	0.018	OFF	0.019

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes / No	CF 3 met everyday? (see back) Yes / No	All GZ residual at entry point > 0.2 mg/l? Yes / No
All 4-hour turbidity readings ≤ 1 NTU? Yes / No		
All turbidity readings < IFE ² triggers Yes / No		

Notes:

PRINTED NAME: **Bursh Weidner**
 SIGNATURE: *Bursh Weidner* DATE: **2-3-25**
 PHONE #: **(541) 265-3605** 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 Eff. (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-25	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]
1/8:33	1.1	290	319	11.5	7.6	22	YES	358
2/3:23	1.2	290	348	11.9	7.5	21	YES	335
3/8:28	1.2	290	348	11.4	7.6	22	YES	339
4/0:10	1.2	290	348	12.0	7.4	20	YES	316
5/8:48	1.2	290	348	12.0	7.2	19	YES	338
6/2:1	1.1	290	319	12.2	7.1	18	YES	295
7/10:40	1.2	290	348	11.9	7.2	19	YES	267
8/15:25	1.3	290	377	11.7	7.4	21	YES	283
9/17:44	1.3	290	377	11.5	7.5	22	YES	327
10/9:46	1.2	290	348	11.5	7.4	21	YES	286
11/10:28	1.2	290	348	11.5	7.4	21	YES	307
12/9:25	1.2	290	348	11.4	7.2	19	YES	332
13/9:34	1.1	290	319	11.2	7.3	20	YES	384
14/13:24	1.2	290	348	10.3	7.3	22	YES	319
15/10:47	1.2	290	348	9.9	7.3	22	YES	278
16/11:7	1.2	290	348	9.6	7.2	22	YES	284
17/10:33	1.2	290	348	9.4	7.2	22	YES	288
18/0:0	1.2	290	348	8.9	7.2	23	YES	352
19/23:53	1.0	290	290	7.9	7.3	25	YES	366
20/1:2	1.1	290	319	7.9	7.2	24	YES	374
21/9:48	1.1	290	319	8.0	7.2	24	YES	290
22/12:41	1.3	290	377	7.2	7.1	25	YES	293
23/9:56	1.2	290	348	7.3	7.1	24	YES	271
24/16:10	1.1	290	319	7.5	7.1	24	YES	345
25/10:55	1.1	290	319	7.6	7.2	25	YES	396
26/4:58	1.3	290	377	7.2	7.2	26	YES	424
27/18:58	1.2	290	348	7.0	7.2	26	YES	372
28/0:54	1.2	290	348	6.7	7.3	27	YES	427
29/10:20	1.1	290	319	7.3	7.1	24	YES	298
30/11:15	1.2	290	348	6.7	7.2	26	YES	278
31/9:16	1.2	290	348	7.1	7.1	25	YES	294

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