

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

County: **Lincoln**
 Month/Year: **Mar-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	0.020	0.041	0.019	0.041
2	OFF	OFF	OFF	0.018	0.016	0.020	0.020
3	OFF	OFF	OFF	0.020	OFF	OFF	0.020
4	OFF	OFF	OFF	0.018	0.016	OFF	0.018
5	OFF	OFF	OFF	0.017	OFF	OFF	0.017
6	OFF	OFF	OFF	0.021	0.021	OFF	0.021
7	OFF	OFF	OFF	0.031	0.030	OFF	0.031
8	OFF	OFF	OFF	0.025	0.023	OFF	0.025
9	OFF	OFF	OFF	0.024	0.021	OFF	0.024
10	OFF	OFF	OFF	0.022	0.023	OFF	0.023
11	OFF	OFF	OFF	0.025	0.024	OFF	0.025
12	OFF	OFF	OFF	0.024	OFF	OFF	0.024
13	OFF	OFF	OFF	0.027	0.024	OFF	0.027
14	OFF	OFF	OFF	0.022	OFF	OFF	0.022
15	OFF	OFF	OFF	0.028	0.024	0.026	0.028
16	OFF	OFF	OFF	0.025	0.030	OFF	0.030
17	OFF	OFF	OFF	0.023	0.024	0.022	0.024
18	OFF	OFF	OFF	0.022	OFF	OFF	0.022
19	OFF	OFF	OFF	0.024	0.024	0.024	0.024
20	0.022	0.026	0.036	OFF	OFF	OFF	0.036
21	OFF	OFF	OFF	0.032	0.026	0.025	0.032
22	0.026	OFF	OFF	OFF	OFF	OFF	0.026
23	OFF	OFF	0.029	0.042	0.029	0.027	0.042
24	0.025	OFF	OFF	0.033	0.027	0.028	0.033
25	0.029	OFF	OFF	OFF	OFF	OFF	0.029
26	OFF	OFF	OFF	0.033	OFF	OFF	0.033
27	OFF	0.035	0.036	0.036	0.028	0.026	0.036
28	0.024	0.025	0.024	0.026	0.027	0.033	0.033
29	0.041	OFF	OFF	OFF	OFF	OFF	0.041
30	OFF	OFF	OFF	0.036	0.027	0.026	0.036
31	0.026	0.026	0.026	OFF	OFF	OFF	0.026

Conventional or Direct Filtration

95% of 4-hour turbidity readings $\leq$ 0.3 NTU? **Yes/No**
 All 4-hour turbidity readings $\leq$ 1 NTU? **Yes/No**
 All turbidity readings < IFE² triggers **Yes/No**

Monthly Summary (Answer Yes or No)

CT'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: **4.2.25**
 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))

OHA - Drinking Water Program - Surface Water Quality Data Form
March 2025
WTP - : Depoe Bay
System Name:
City of Depoe Bay
ID#: 4100254
Month/Year:
Mar-25
**Disinfection *Giardia*
Log Inactive:**
0.5

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]
1/18:27	1.4	290	406	11.8	7.2	19	YES	362
2/19:20	1.1	290	319	12.3	7.2	18	YES	349
3/11:3	1.3	290	377	12.0	7.3	19	YES	395
4/10:36	1.1	290	319	11.3	7.1	19	YES	327
5/9:45	1.2	290	348	11.2	7.2	20	YES	436
6/9:40	1.2	290	348	10.9	7.4	21	YES	315
7/9:33	1.2	290	348	10.5	7.1	20	YES	364
8/16:19	1.1	290	319	10.3	7.5	23	YES	437
9/9:35	1.1	290	319	10.3	7.5	23	YES	392
10/8:45	1.1	290	319	10.4	7.4	22	YES	364
11/8:54	1.1	290	319	10.4	7.3	21	YES	422
12/9:11	1.1	290	319	10.2	7.3	21	YES	417
13/9:6	1.2	290	348	10.3	7.4	22	YES	332
14/10:3	1.1	290	319	10.0	7.3	22	YES	354
15/10:30	1.1	290	319	9.9	7.2	21	YES	353
16/12:18	1.2	290	348	10.0	7.1	20	YES	373
17/9:16	1.2	290	348	10.3	7.2	21	YES	809
18/9:49	1.3	290	377	10.4	7.3	22	YES	472
19/19:32	1.1	290	319	10.7	7.3	21	YES	531
20/9:45	1.1	290	319	11.5	7.4	20	YES	396
21/10:18	1.1	290	319	10.6	7.6	23	YES	324
22/2:10	1.1	290	319	11.2	7.3	20	YES	426
23/6:36	1.0	290	290	11.0	7.1	19	YES	392
24/11:47	1.2	290	348	11.5	7.4	21	YES	617
25/2:25	1.0	290	290	12.0	7.5	20	YES	393
26/8:30	1.1	290	319	12.4	7.3	18	YES	611
27/14:56	1.1	290	319	13.4	7.4	18	YES	1282
28/3:32	1.0	290	290	12.7	7.5	19	YES	362
29/1:33	1.2	290	348	12.3	7.2	18	YES	414
30/13:26	1.0	290	290	12.4	7.1	17	YES	403
31/6:48	1.1	290	319	11.0	7.2	20	YES	329

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