

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: **Lincoln**
Month/Year: **Aug-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	0.039	0.038	0.034	0.039
2	OFF	OFF	OFF	OFF	0.040	0.039	0.040
3	0.038	OFF	OFF	0.035	0.032	0.034	0.038
4	0.034	OFF	OFF	0.040	0.041	0.038	0.041
5	OFF	OFF	OFF	0.037	0.041	0.032	0.041
6	OFF	OFF	OFF	0.032	0.029	OFF	0.032
7	OFF	OFF	OFF	0.043	0.033	0.030	0.043
8	0.028	0.027	0.026	OFF	OFF	OFF	0.028
9	OFF	OFF	0.040	0.030	0.029	0.028	0.040
10	0.029	0.029	0.028	0.029	0.028	0.029	0.029
11	OFF	OFF	OFF	0.034	0.033	0.034	0.034
12	0.034	OFF	OFF	0.033	0.031	0.033	0.034
13	OFF	OFF	OFF	0.033	0.032	0.033	0.033
14	OFF	OFF	OFF	0.029	0.025	0.025	0.029
15	OFF	OFF	OFF	0.024	0.023	0.023	0.024
16	OFF	OFF	OFF	0.033	0.032	0.030	0.033
17	OFF	OFF	OFF	OFF	OFF	OFF	0.000
18	OFF	OFF	OFF	0.033	0.031	0.030	0.033
19	0.029	0.029	0.028	0.030	0.035	0.031	0.035
20	0.031	OFF	OFF	0.041	0.033	0.033	0.041
21	OFF	OFF	OFF	0.336	0.101	0.064	0.336
22	0.052	OFF	OFF	0.036	0.042	0.040	0.052
23	OFF	OFF	OFF	0.031	0.029	OFF	0.031
24	OFF	OFF	OFF	0.031	0.030	0.030	0.031
25	0.029	OFF	OFF	OFF	0.030	0.028	0.030
26	OFF	OFF	OFF	0.027	0.027	OFF	0.027
27	OFF	OFF	OFF	0.029	0.024	OFF	0.029
28	OFF	OFF	OFF	0.027	0.027	0.026	0.027
29	OFF	OFF	OFF	OFF	0.029	OFF	0.029
30	OFF	OFF	OFF	0.043	0.050	0.048	0.050
31	0.030	OFF	OFF	OFF	OFF	OFF	0.030

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)

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: **[Signature]**

DATE: **9-7-25**

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 = Indiv. 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:	Aug-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]
1/9:2	1.0	290	290	18.4	7.1	11	YES	369
2/12:45	1.1	290	319	18.5	7.3	12	YES	404
3/11:44	1.1	290	319	18.5	7.2	12	YES	407
4/9:48	1.0	290	290	18.3	7.1	11	YES	389
5/9:23	1.0	290	290	18.0	7.2	12	YES	384
6/11:49	1.0	290	290	18.0	7.1	12	YES	487
7/10:38	1.0	290	290	18.1	7.1	11	YES	336
8/8:16	1.1	290	319	18.4	7.1	11	YES	355
9/7:42	1.0	290	290	17.9	7.1	12	YES	366
10/14:9	1.1	290	319	21.3	7.2	10	YES	428
11/8:25	1.0	290	290	18.0	7.2	12	YES	432
12/10:50	1.1	290	319	18.2	7.1	12	YES	498
13/8:42	1.0	290	290	18.3	7.2	12	YES	371
14/8:53	1.1	290	319	18.8	7.6	13	YES	344
15/8:46	1.0	290	290	18.9	7.7	14	YES	346
16/9:4	0.9	290	261	19.0	7.1	11	YES	381
17/10:50	1.0	290	290	18.3	7.2	12	YES	401
18/13:37	1.0	290	290	18.8	7.1	11	YES	352
19/23:42	1.1	290	319	18.7	7.2	12	YES	340
20/11:24	1.0	290	290	18.5	7.3	12	YES	377
21/11:3	1.0	290	290	18.4	7.6	14	YES	346
22/11:12	1.1	290	319	18.2	7.2	12	YES	477
23/8:37	1.1	290	319	18.0	7.7	15	YES	397
24/9:11	0.9	290	261	18.8	7.7	14	YES	400
25/12:9	1.0	290	290	22.2	7.5	10	YES	358
26/8:23	1.1	290	319	22.0	7.5	10	YES	329
27/8:51	1.0	290	290	17.8	7.2	12	YES	388
28/9:56	1.0	290	290	17.7	7.3	13	YES	351
29/13:42	1.1	290	319	17.8	7.2	12	YES	367
30/11:17	1.1	290	319	17.7	7.1	12	YES	383
31/0:51	1.1	290	319	18.0	7.2	12	YES	405

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