

Dec-2025

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

County: Lincoln  
Month/Year: Dec-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 <sup>1</sup> (NTU)
1	0.029	0.031	OFF	OFF	OFF	OFF	0.031
2	OFF	OFF	OFF	0.027	0.032	0.038	0.038
3	0.030	OFF	OFF	OFF	OFF	OFF	0.030
4	OFF	OFF	OFF	0.029	0.029	0.043	0.043
5	0.027	0.028	OFF	OFF	OFF	OFF	0.028
6	OFF	OFF	OFF	0.034	0.034	0.027	0.034
7	0.027	0.026	0.037	OFF	OFF	OFF	0.037
8	OFF	OFF	OFF	OFF	0.028	0.026	0.028
9	0.027	0.026	OFF	OFF	OFF	OFF	0.027
10	OFF	OFF	OFF	0.040	OFF	OFF	0.040
11	OFF	OFF	OFF	0.027	0.026	0.026	0.027
12	0.025	OFF	OFF	OFF	OFF	OFF	0.025
13	OFF	OFF	OFF	0.026	0.027	0.025	0.027
14	0.024	0.024	OFF	0.027	OFF	OFF	0.027
15	OFF	OFF	OFF	0.025	0.025	0.025	0.025
16	OFF	OFF	OFF	0.024	OFF	OFF	0.024
17	OFF	OFF	OFF	OFF	OFF	OFF	0.000
18	OFF	OFF	OFF	0.026	0.025	0.027	0.027
19	OFF	OFF	OFF	OFF	0.043	0.027	0.043
20	0.026	0.024	OFF	OFF	OFF	OFF	0.026
21	OFF	OFF	OFF	0.024	0.036	0.026	0.036
22	0.025	0.024	OFF	OFF	OFF	OFF	0.025
23	OFF	OFF	OFF	0.024	0.024	0.024	0.024
24	0.024	0.023	OFF	OFF	0.024	0.032	0.032
25	OFF	OFF	OFF	OFF	OFF	OFF	0.000
26	OFF	OFF	OFF	0.027	0.043	0.026	0.043
27	0.030	0.029	0.028	0.031	0.033	OFF	0.033
28	OFF	OFF	OFF	OFF	OFF	OFF	0.000
29	OFF	OFF	OFF	0.028	0.024	0.025	0.028
30	0.023	0.024	0.023	0.024	0.023	0.025	0.025
31	0.025	0.025	OFF	OFF	OFF	OFF	0.025

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	OT's met everyday: (see back)	<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 GIZ residual at entry point > 0.2 mg/l?	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE <sup>2</sup> triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:

PRINTED NAME: Brady Weidner

SIGNATURE: *[Signature]* DATE: 1-6-26

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

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

DEC - 2020

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : Depoe Bay

System Name:	City of Depoe Bay	ID#: 4100254	Month/Year:	Dec-25	Disinfection <i>Giardia</i> Log Inactive:	0.5
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1/2:59	1.0	290	290	11.9	7.3	19	YES	385
2/8:47	1.1	290	319	11.7	7.5	21	YES	367
3/3:45	1.1	290	319	11.0	7.4	21	YES	347
4/11:06	1.2	290	348	11.2	7.6	23	YES	354
5/2:32	1.1	290	319	11.6	7.3	19	YES	393
6/10:28	0.9	290	270	11.3	7.6	22	YES	378
7/6:50	1.1	290	319	12.5	7.4	19	YES	388
8/12:39	1.0	290	290	12.7	7.2	17	YES	327
9/2:42	1.0	290	290	13.0	7.1	16	YES	343
10/9:44	1.1	290	319	13.1	7.1	16	YES	326
11/10:06	1.0	290	290	13.2	7.2	17	YES	343
12/1:30	1.2	290	348	13.4	7.2	17	YES	336
13/9:40	1.1	290	319	13.1	7.1	16	YES	363
14/13:12	1.2	290	348	12.8	7.7	21	YES	388
15/16:58	1.1	290	319	12.7	7.5	19	YES	336
16/9:14	1.1	290	319	12.8	7.3	18	YES	313
17/13:10	1.2	290	348	12.7	7.3	18	YES	#N/A
18/10:19	1.2	290	348	13.0	7.4	18	YES	306
19/18:28	1.0	290	290	13.1	7.3	17	YES	310
20/0:26	1.1	290	319	12.5	7.2	18	YES	350
21/8:20	1.0	290	290	12.1	7.2	18	YES	364
22/3:46	1.1	290	319	11.7	7.5	21	YES	368
23/11:17	1.0	290	290	11.8	7.8	23	YES	381
24/13:28	1.0	290	290	11.4	7.6	22	YES	370
25/11:23	1.0	290	290	11.5	7.2	19	YES	403
26/8:49	1.0	290	290	11.4	7.1	18	YES	422
27/7:20	1.0	290	290	11.4	7.3	20	YES	438
28/10:02	1.1	290	319	11.4	7.1	18	YES	420
29/12:21	0.9	290	261	10.8	7.3	20	YES	448
30/22:17	1.0	290	290	9.4	7.3	22	YES	407
31/7:28	1.1	290	319	9.7	7.2	21	YES	420

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.