

Oregon DHS - Drinking Water Program - Turbidity Monitoring Report Form

System Name: City of Waldport

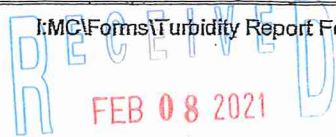
ID #: 41 00926

Month/Year: 1/21

DAY	12 AM (NTU)	4 AM (NTU)	8 AM (NTU)	NOON (NTU)	4 PM (NTU)	8 PM (NTU)	Highest Reading (NTU)	Peak Hourly Flow (GPM)
1	.05	.05	.05	.05	off	.05	Ø.05	≤ 350
2	.05	.05	.05	off	off	off	Ø.05	≤ 350
3	off	off	.05	.06	.05	.08	Ø.08	≤ 350
4	.06	off	off	.05	.06	.06	Ø.06	≤ 350
5	.06	.07	.06	.06	.07	.05	Ø.07	≤ 350
6	off	off	.06	.06	.07	.05	Ø.07	≤ 350
7	.05	.05	.05	.05	.05	.05	Ø.05	≤ 350
8	off	off	.05	.05	.05	.05	Ø.05	≤ 350
9	.05	.05	.05	.05	.05	.05	Ø.05	≤ 350
10	off	off	.05	.05	.05	.05	Ø.05	≤ 350
11	.05	.05	.05	.05	.05	off	Ø.05	≤ 350
12	off	off	off	off	off	off	Ø	≤ 350
13	off	off	.05	.05	.05	.05	Ø.05	≤ 350
14	.05	.07	.07	.06	.06	.05	Ø.07	≤ 350
15	.05	off	.05	.05	.05	.06	Ø.06	≤ 350
16	.07	.06	.05	.05	.05	.05	Ø.06	≤ 350
17	off	off	.05	.05	.05	.05	Ø.05	≤ 350
18	.05	.05	.05	.05	.05	off	Ø.05	≤ 350
19	off	off	.05	.05	.05	.05	Ø.05	≤ 350
20	.05	.05	.05	.05	.05	.05	Ø.05	≤ 350
21	off	off	.08	.07	.05	.05	Ø.08	≤ 350
22	off	off	off	.05	.05	.05	Ø.05	≤ 350
23	.06	.05	.05	.05	.05	.05	Ø.06	≤ 350
24	.05	off	off	off	off	off	Ø.05	≤ 350
25	off	off	.05	.05	.05	.05	Ø.05	≤ 350
26	.05	.05	.06	.05	.05	.05	Ø.06	≤ 350
27	.06	.07	.05	.05	.05	.06	Ø.07	≤ 350
28	.07	off	.05	.06	.07	.08	Ø.08	≤ 350
29	.05	.05	.05	.05	.05	off	Ø.05	≤ 350
30	off	off	.05	.05	off	off	Ø.05	≤ 350
31	off	off	off	off	off	off	Ø	≤ 350

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)		
95% of turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No ¹	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No	Cl ₂ residual measured in 95% of distribution samples? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		- OR -		
All turbidity readings < IFE triggers? <input checked="" type="radio"/> Yes / <input type="radio"/> No		PRINTED NAME: <u>Lyle T. Arrant</u>		
Slow Sand/Cartridge/Membrane/DE Filtration		SIGNATURE: <u>Lyle T. Arrant</u>	DATE: <u>02/03/21</u>	
95% of turbidity readings ≤ 1 NTU? <input type="radio"/> Yes / <input type="radio"/> No	<input type="radio"/> Yes / <input type="radio"/> No	PHONE #: <u>(541) 563-2929</u>	CERT #: <u>5292</u>	

¹ IFE = Individual Filter Effluent



RECEIVED
 FEB 08 2021
 Data Mgmt & Compliance
 Drinking Water Program

System Name:

City of Waldport

ID #: 41 00926

Month/Year:

1/21

Date / Time	Minimum Cl ₂ Residual at 1 st User (C)	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met
	ppm or mg/L	minutes	CXT	°C		Use tables	Yes / No
1/2000	0.9	360	324	13	7.5	15	Yes
2/1500	0.9	360	324	13	7.4	15	Yes
3/1630	0.9	360	324	12	7.4	22	Yes
4/2000	1.4	360	360	12	7.5	22	Yes
5/1730	1.4	360	360	12	7.4	22	Yes
6/1600	0.9	360	324	13	7.4	15	Yes
7/1530	0.9	360	324	14	7.5	15	Yes
8/1000	0.9	360	324	13	7.5	15	Yes
9/0935	0.9	360	324	13	7.5	15	Yes
10/05	0.8	360	288	12	7.4	22	Yes
11/1400	0.9	360	324	13	7.5	15	Yes
12/1700	0.9	360	324	14	7.5	15	Yes
13/1800	0.9	360	324	14	7.5	15	Yes
14/1600	0.9	360	324	13	7.6	15	Yes
15/1400	1.0	360	360	13	7.7	15	Yes
16/09:40	0.9	360	324	14	7.5	15	Yes
17/1000	0.9	360	324	13	7.5	15	Yes
18/0945	0.9	360	324	13	7.5	15	Yes
19/1800	1.0	360	360	12	7.6	22	Yes
20/1600	1.4	360	360	13	7.6	15	Yes
21/1730	1.4	360	360	12	7.6	22	Yes
22/2000	1.0	360	360	12	7.5	22	Yes
23/1200	0.9	360	324	12	7.5	22	Yes
24/1600	0.9	360	324	12	7.5	22	Yes
25/1830	1.4	360	360	12	7.6	22	Yes
26/2000	0.9	360	324	11	7.4	22	Yes
27/1500	1.4	360	360	10	7.6	22	Yes
28/0830	0.9	360	324	12	7.5	22	Yes
29/1000	1.0	360	360	13	7.4	15	Yes
30/0930	0.8	360	288	12	7.5	22	Yes
31/1000	0.8	360	288	11	7.5	22	Yes