

Oregon DHS - Drinking Water Program -- Turbidity Monitoring Report Form

System Name: City of Waldport ID #: 41 00926 Month/Year: 03/21

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	off	off	off	.05	.05	.05	Ø.05	≤ 350
2	.05	.05	.05	.05	.05	.05	Ø.05	≤ 350
3	.05	.05	.05	.05	off	off	Ø.05	≤ 350
4	.05	.05	.05	.06	off	off	Ø.06	≤ 350
5	off	off	.05	.05	.05	.05	Ø.05	≤ 350
6	.05	.05	.05	.05	.05	.05	Ø.05	≤ 350
7	off	off	.05	.05	.05	.05	Ø.05	≤ 350
8	.05	.05	.05	.05	.05	.05	Ø.05	≤ 350
9	.05	off	.05	.05	.05	.05	Ø.05	≤ 350
10	.05	.05	.05	.05	.05	.07	Ø.07	≤ 350
11	.08	.06	.05	.05	.05	off	Ø.08	≤ 350
12	off	off	.05	off	.05	.05	Ø.05	≤ 350
13	.05	.05	.05	.05	.05	.05	Ø.05	≤ 350
14	off	off	off	off	off	off	Ø	≤ 350
15	off	off	off	off	.05	.05	Ø.05	≤ 350
16	.05	.05	.05	.05	.05	.05	Ø.05	≤ 350
17	.05	off	.05	off	.05	.05	Ø.05	≤ 350
18	.06	.06	off	off	.05	.05	Ø.06	≤ 350
19	.05	.05	.05	.05	.05	.05	Ø.05	≤ 350
20	off	off	off	.05	.05	.05	Ø.05	≤ 350
21	.06	.07	.05	.05	.05	off	Ø.07	≤ 350
22	off	off	off	.05	.05	.05	Ø.05	≤ 350
23	.05	.05	.05	.05	.05	.05	Ø.05	≤ 350
24	.07	.06	.05	.05	off	off	Ø.07	≤ 350
25	off	off	.05	.05	.05	.05	Ø.05	≤ 350
26	.08	.1Ø	.06	.05	.05	off	Ø.1Ø	≤ 350
27	off	off	.06	.05	.05	.05	Ø.06	≤ 350
28	.07	.06	.05	.05	.05	off	Ø.07	≤ 350
29	off	off	.05	.05	.05	.05	Ø.05	≤ 350
30	.05	.05	.05	.05	.05	.05	Ø.05	≤ 350
31	.05	.05	.06	.05	.05	off	Ø.06	≤ 350

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)		
95% of turbidity readings ≤ 0.3 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?	Cl ₂ residual measured in of distribution sample?
All turbidity readings < 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All turbidity readings < IFE triggers?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No			
- OR -		PRINTED NAME: <u>Lyle T. Arrant</u>		
Slow Sand/Cartridge/Membrane/DE Filtration		SIGNATURE: <u>Lyle T. Arrant</u>	DATE: <u>04/06/21</u>	
95% of turbidity readings ≤ 1 NTU?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	PHONE #: <u>(541) 568-2929</u>	CERT #: <u>5292</u>	
All turbidity readings < 5 NTU?	<input type="checkbox"/> Yes / <input type="checkbox"/> No			

IFE = Individual Filter Effluent

Oregon DHS - Drinking Water Program - Surface Water Quality Data Form

System Name:

City of Waldport

ID #: 41 00926

Month/Year 03/2

Date / Time	Minimum Cl ₂ Residual at 1 st User (C)	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT
	ppm or mg/L	minutes	C X T	° C		Use tables	Ye
1/1/800	0.9	360	324	12	7.5	22	Ye
2/1/600	0.9	360	324	12	7.5	22	Ye
3/1/530	0.9	360	324	11	7.6	22	Ye
4/1/40	0.9	360	324	12	7.5	22	Ye
5/1/500	0.9	360	324	13	7.5	15	Ye
6/10/25	0.9	360	324	12	7.4	22	Ye
7/1/025	0.9	360	324	11	7.6	22	Ye
8/1/800	1.0	360	360	12	7.6	22	Ye
9/1/630	1.0	360	360	12	7.5	22	Ye
10/1/400	1.0	360	360	11	7.5	22	Ye
11/1/600	1.0	360	360	12	7.5	22	Ye
12/6/900	0.9	360	324	11	7.6	22	Ye
13/1/0930	0.9	360	324	10	7.4	22	Ye
14/1/000	0.7	360	252	17	7.4	15	Ye
15/1/600	0.8	360	288	12	7.5	22	Ye
16/1/730	0.9	360	324	12	7.5	22	Ye
17/1/800	0.9	360	324	13	7.6	15	Ye
18/1/730	0.9	360	324	13	7.5	15	Ye
19/10/800	1.0	360	360	12	7.6	22	Ye
20/1/600	1.1	360	396	12	7.4	22	Ye
21/10/845	1.1	360	396	13	7.4	15	Ye
22/1/600	1.0	360	360	12	7.5	22	Ye
23/1/730	1.0	360	360	12	7.5	22	Ye
24/1/000	1.0	360	360	11	7.5	22	Ye
25/1/050	0.9	360	324	11	7.5	22	Ye
26/1/030	0.9	360	324	17	7.4	15	Ye
27/1/600	1.0	360	360	13	7.5	15	Ye
28/1/930	0.9	360	324	11	7.4	22	Ye
29/1/800	0.9	360	324	12	7.5	22	Ye
30/1/600	1.0	360	360	13	7.5	22	Ye
31/1/300	1.0	360	360	12	7.5	22	Ye