

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

System Name: *City of Waldport*

ID #: *41 00926*

Month/Year: *04/2*

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	.05	.05	.05	.05	0.05	< 350
2	.05	.05	.05	.06	.05	off	0.06	< 350
3	off	off	.07	.05	.07	.05	0.07	< 350
4	.05	.05	.05	.05	.05	.05	0.05	< 350
5	off	off	.05	.05	.05	.05	0.05	< 350
6	.05	.05	.05	.05	.06	off	0.06	< 350
7	off	off	.05	.05	.05	.05	0.05	< 350
8	off	off	.05	.05	.05	.05	0.05	< 350
9	.05	.05	.05	.05	.05	off	0.05	< 350
10	off	off	.05	.05	.05	.05	0.05	< 350
11	.05	.05	.05	.05	.05	off	0.05	< 350
12	off	off	.06	.05	.07	.05	0.07	< 350
13	.06	.05	.05	.05	.05	.05	0.06	< 350
14	off	off	.05	.06	.05	.05	0.06	< 350
15	.05	.05	.05	.05	.05	off	0.05	< 350
16	.06	.05	off	off	off	off	0.06	< 350
17	off	off	.05	.05	.05	.05	0.05	< 350
18	.05	.05	.05	.05	.05	.05	0.05	< 350
19	off	off	off	off	off	.07	0.07	< 350
20	.05	.05	.05	.05	.05	.05	0.05	< 350
21	.05	.05	.05	.05	.05	.05	0.05	< 350
22	.05	.05	off	off	.05	.06	0.06	< 350
23	.05	.05	.05	.05	.05	off	0.05	< 350
24	off	off	off	off	off	off	0	< 350
25	off	off	.06	.05	.05	.05	0.06	< 350
26	.05	.05	.05	.05	.05	.05	0.05	< 350
27	.05	.05	.05	.05	.05	.05	0.05	< 350
28	off	off	.08	.05	.05	.05	0.08	< 350
29	.05	.05	.05	.05	.06	off	0.06	< 350
30	off	off	.06	.05	.05	off	0.06	< 350
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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	- OR -	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Cl ₂ residual measured in of distribution sample <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All turbidity readings < 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		PRINTED NAME: <i>Lyle T. Agrant</i>		
All turbidity readings < IFE triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No ¹		SIGNATURE: <i>Lyle T. Agrant</i>		
Slow Sand/Cartridge/Membrane/DE Filtration		PHONE #: <i>(541) 563-2929</i>		DATE: <i>05/05</i>
95% of turbidity readings ≤ 1 NTU? <input type="checkbox"/> Yes / <input type="checkbox"/> No		CERT #: <i>5292</i>		

¹ IFE = Individual Filter Effluent

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

System Name:

city of Waldport

ID #: 41 00926

Month/Year: 04/20

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	CXT	°C		Use tables	Yes
11/630	1.0	360	360	12	7.5	22	Yes
21/09:15	0.9	360	324	11	7.4	22	Yes
31/0800	1.0	360	360	12	7.5	22	Yes
41/0950	0.9	360	324	12	7.5	22	Yes
51/1800	1.0	360	360	13	7.5	15	Yes
61/1100	1.0	360	360	13	7.5	15	Yes
71/1600	0.9	360	324	13	7.5	15	Yes
81/1730	1.0	360	360	13	7.4	15	Yes
91/1600	1.0	360	360	13	7.4	15	Yes
101/530	1.0	360	360	12	7.5	22	Yes
111/1600	1.0	360	360	12	7.5	22	Yes
121/1800	1.1	360	396	13	7.5	15	Yes
131/1300	1.1	360	396	13	7.5	15	Yes
141/1730	1.2	360	432	13	7.5	15	Yes
151/1630	1.2	360	432	13	7.5	15	Yes
1619:05	1.2	360	432	13	7.5	15	Yes
1719:15	0.9	360	324	13	7.3	15	Yes
181/0940	1.0	360	360	14	7.5	15	Yes
191 8:30	.9	360	324	13	7.5	15	Yes
201/1800	1.1	360	396	15	7.5	15	Yes
211/1600	1.1	360	396	14	7.5	15	Yes
221/1730	1.0	360	360	14	7.5	15	Yes
231/1030	1.0	360	360	14	7.5	15	Yes
241/1010	1.0	360	360	13	7.5	15	Yes
251/1000	1.0	360	360	14	7.5	15	Yes
261/1800	1.0	360	360	15	7.6	15	Yes
271/1630	1.0	360	360	14	7.5	15	Yes
281/1700	1.1	360	396	15	7.5	15	Yes
291/0820	1.2	360	432	15	7.4	15	Yes
301/0900	1.0	360	360	14	7.5	15	Yes
31/							