

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

System Name: City of Waldport ID #: 41 00926 Month/Year: 08/21

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	.05	.05	.05	.05	0.05	≤ 350
2	.05	.05	.07	.05	.05	.05	0.07	≤ 350
3	.05	.05	.05	.05	.05	off	0.05	≤ 350
4	off	off	.06	.05	.05	.05	0.06	≤ 350
5	.05	.05	.05	.06	.05	off	0.06	≤ 350
6	off	off	.05	.05	.05	.05	0.05	≤ 350
7	.05	.05	.05	.05	.05	off	0.05	≤ 350
8	off	off	.05	.05	.05	.05	0.05	≤ 350
9	.05	.05	.05	.05	.05	.05	0.05	≤ 350
10	off	off	.05	.06	.05	.05	0.06	≤ 350
11	.05	.06	.05	.05	.05	.05	0.06	≤ 350
12	.05	.05	.05	.05	.05	.05	0.05	≤ 350
13	.05	.05	.06	.05	.05	.05	0.06	≤ 350
14	off	off	.05	.05	.05	.05	0.05	≤ 350
15	.05	.05	.05	.05	.05	.05	0.05	≤ 350
16	.05	.05	.06	.05	.05	.05	0.06	≤ 350
17	off	off	off	.05	.05	.05	0.05	≤ 350
18	.05	.05	.05	.05	.05	.05	0.05	≤ 350
19	.05	.05	.05	.05	.05	.05	0.05	≤ 350
20	.05	.05	.05	.05	.05	.06	0.06	≤ 350
21	.05	.05	.05	.05	.05	.05	0.05	≤ 350
22	off	off	off	off	off	.05	0.05	≤ 350
23	.05	.05	.05	.05	.05	.05	0.05	≤ 350
24	.05	.05	.05	.05	.05	.05	0.05	≤ 350
25	.05	.05	.05	.05	.05	.05	0.05	≤ 350
26	off	off	.05	.05	.05	.05	0.05	≤ 350
27	.05	.05	.05	.05	.05	off	0.05	≤ 350
28	off	off	.05	.05	.05	.05	0.05	≤ 350
29	.05	.05	.05	.05	.05	off	0.05	≤ 350
30	off	off	.05	.05	.05	.05	0.05	≤ 350
31	.05	.05	.05	.05	.05	.05	0.05	≤ 350

Conventional or Direct Filtration 95% of turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All turbidity readings < 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All turbidity readings < IFE triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No ¹		Monthly Summary (Answer Yes or No) 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 95% of distribution samples? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		
- OR -		PRINTED NAME: <u>Lyle T. Arrant</u>		
Slow Sand/Cartridge/Membrane/DE Filtration 95% of turbidity readings ≤ 1 NTU? <input type="checkbox"/> Yes / <input type="checkbox"/> No All turbidity readings < 5 NTU? <input type="checkbox"/> Yes / <input type="checkbox"/> No		SIGNATURE: <u>Lyle T. Arrant</u>		DATE: <u>09/01/21</u>
		PHONE #: <u>(541) 563-2929</u>		CERT #: <u>5292</u>

¹ IFE = Individual Filter Effluent

System Name:

City of Waldport

ID #: 41 00926

Month/Year:

8/21

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
110920	0.9	360	324	18	7.5	11	Yes
211800	1.0	360	360	19	7.5	11	Yes
311530	1.0	360	360	18	7.5	11	Yes
411700	0.9	360	324	19	7.5	11	Yes
510905	1.0	360	360	20	7.5	11	Yes
611000	1.1	360	396	18	7.5	12	Yes
710930	0.8	360	288	20	7.6	11	Yes
811030	0.8	360	288	21	7.5	11	Yes
911600	1.0	360	360	19	7.4	11	Yes
1011730	0.9	360	324	19	7.5	11	Yes
1111700	0.9	360	324	20	7.5	11	Yes
1211800	0.9	360	324	20	7.4	11	Yes
1310900	0.8	360	288	19	7.4	11	Yes
1410930	1.0	360	360	19	7.5	11	Yes
1510830	0.9	360	324	20	7.6	11	Yes
1611700	1.0	360	360	19	7.5	11	Yes
1711600	1.0	360	360	19	7.5	11	Yes
1811430	0.9	360	324	19	7.5	11	Yes
1911500	0.9	360	324	19	7.5	11	Yes
2010845	1.0	360	360	18	7.5	11	Yes
2110800	0.8	360	288	19	7.5	11	Yes
2210830	1.0	360	360	18	7.5	11	Yes
2311800	0.9	360	324	19	7.5	11	Yes
2411600	0.9	360	324	18	7.5	11	Yes
2511730	0.9	360	324	19	7.5	11	Yes
2611700	0.9	360	324	18	7.5	11	Yes
2710900	0.9	360	324	18	7.5	11	Yes
2812050	0.9	360	324	19	7.5	11	Yes
2911000	0.7	360	252	20	7.5	11	Yes
3011600	0.8	360	288	19	7.4	11	Yes
3111800	0.9	360	324	18	7.5	11	Yes