

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

System Name: City of Waldport ID #: 41 00926 Month/Year: 10/21

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	off	.05	.05	off	off	0.05	< 350
2	off	off	off	off	off	off	0	< 350
3	off	off	1.06	.05	.05	.05	0.06	< 350
4	.05	.05	.05	.05	.05	.05	0.05	< 350
5	.05	.05	off	off	.05	.05	0.05	< 350
6	.05	.05	.06	.05	.05	.05	0.06	< 350
7	off	off	.05	.05	.05	.05	0.05	< 350
8	off	off	off	off	.06	.05	0.06	< 350
9	.05	.05	.05	.05	.05	.05	0.05	< 350
10	off	off	off	off	off	off	0	< 350
11	off	off	.05	.05	.05	.05	0.05	< 350
12	.05	.05	.05	.05	.05	.05	0.05	< 350
13	.05	off	off	off	.05	.05	0.05	< 350
14	.05	.05	.05	off	off	off	0.05	< 350
15	off	off	.05	.07	.05	.05	0.07	< 350
16	.05	.05	.05	.05	.05	.05	0.05	< 350
17	off	off	off	off	off	off	0	< 350
18	off	off	.05	.05	.05	.05	0.05	< 350
19	.05	.05	.05	.05	.05	.05	0.05	< 350
20	off	off	.05	.05	.05	.06	0.06	< 350
21	.07	.06	.06	.06	off	off	0.07	< 350
22	off	off	.05	.05	.05	.05	0.05	< 350
23	off	off	.07	.09	.05	.07	0.09	< 350
24	off	off	off	off	.08	.06	0.08	< 350
25	.05	.05	.06	1.06	.05	.05	0.06	< 350
26	off	off	off	.07	.05	.07	0.07	< 350
27	.07	.06	.06	.07	.08	.06	0.08	< 350
28	.06	.06	.05	.05	.05	off	0.06	< 350
29	off	off	.05	.05	.05	.07	0.07	< 350
30	.06	.06	.05	.05	.05	.05	0.06	< 350
31	off	off	.06	.05	.05	.05	0.06	< 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 95% of distribution samples?
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 ¹			
- OR -		PRINTED NAME: <u>Lyle T. Arrant</u>		
Slow Sand/Cartridge/Membrane/DE Filtration		SIGNATURE: <u>Lyle T. Arrant</u>	DATE: <u>11/04/21</u>	
95% of turbidity readings ≤ 1 NTU?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	PHONE #: <u>(541) 563-2929</u>	CERT #: <u>5292</u>	
All turbidity readings < 5 NTU?	<input type="checkbox"/> Yes / <input type="checkbox"/> No			

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: 10/21

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
11/0830	0.8	360	288	16	7.4	15	Yes
21/9:00	0.8	360	288	16	7.5	15	Yes
3/9:25	0.8	360	288	17	7.4	15	Yes
4/1800	0.9	360	324	17	7.4	15	Yes
5/1600	0.9	360	324	17	7.4	15	Yes
6/1730	0.9	360	324	17	7.5	15	Yes
7/1300	0.9	360	324	17	7.5	15	Yes
8/10855	0.8	360	288	16	7.4	15	Yes
9/1000	0.9	360	324	16	7.4	15	Yes
10/10930	0.9	360	324	15	7.5	15	Yes
11/1800	0.9	360	324	15	7.5	15	Yes
12/1600	0.9	360	324	15	7.5	15	Yes
13/1730	0.9	360	324	15	7.5	15	Yes
14/11:00	0.9	360	324	15	7.4	15	Yes
15/11:00	0.9	360	324	15	7.4	15	Yes
16/1000	0.8	360	288	15	7.4	15	Yes
17/10930	0.8	360	288	16	7.5	15	Yes
18/1700	0.9	360	324	16	7.6	15	Yes
19/1400	0.9	360	324	16	7.6	15	Yes
20/1800	0.8	360	288	16	7.6	15	Yes
21/1200	0.8	360	288	17	7.5	15	Yes
22/1600	0.9	360	324	16	7.5	15	Yes
23/1730	0.8	360	288	15	7.5	15	Yes
24/1200	0.8	360	288	15	7.5	15	Yes
25/1600	0.8	360	288	15	7.5	15	Yes
26/1200	0.9	360	324	15	7.5	15	Yes
27/1430	0.8	360	288	15	7.5	15	Yes
28/1500	0.8	360	288	15	7.5	15	Yes
29/1030	0.9	360	324	16	7.5	15	Yes
30/1050	0.8	360	288	16	7.5	15	Yes
31/0930	0.9	360	324	15	7.5	15	Yes