

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

System Name: *City of Waldport*

ID #: *41 00926*

Month/Year: *01/22*

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

Conventional or Direct Filtration 95% of turbidity readings ≤ 0.3 NTU? <u>Yes</u> / No All turbidity readings < 1 NTU? <u>Yes</u> / No All turbidity readings < IFE triggers? <u>Yes</u> / No ¹		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <u>Yes</u> / No All Cl ₂ residual at entry point ≥ 0.2 mg/l? <u>Yes</u> / No Cl ₂ residual measured in 9 of distribution samples? <u>Yes</u> / No		
- OR -		PRINTED NAME: <i>Lyle T. Arrant</i>		
Slow Sand/Cartridge/Membrane/DE Filtration 95% of turbidity readings ≤ 1 NTU? Yes / No All turbidity readings < 5 NTU? Yes / No		SIGNATURE: <i>Lyle T. Arrant</i>		DATE: <i>02/02/22</i>
		PHONE #: <i>(541) 563-2929</i>		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: 01/22

Date / Time	Minimum Cl ₂ Residual at 1 st User (C)	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT M
	ppm or mg/L	minutes	CXT	°C		Use tables	Yes /
1/9/15	0.9	360	324	12	7.6	22	Yes
2/10/30	0.9	360	324	11	7.5	22	Yes
3/11/10	1.0	360	360	9	7.6	22	Yes
4/1/600	1.0	360	360	11	7.6	22	Yes
5/1/500	1.0	360	360	11	7.5	22	Yes
6/1/800	1.0	360	360	12	7.6	22	Yes
7/1/000	0.9	360	324	12	7.6	22	Yes
8/1/000	0.9	360	324	12	7.6	22	Yes
9/10/55	0.9	360	324	19	7.5	11	Yes
10/1/800	1.0	360	360	12	7.5	22	Yes
11/1/630	1.0	360	360	12	7.5	22	Yes
12/1/700	0.9	360	324	13	7.5	15	Yes
13/1/730	0.9	360	324	12	7.5	22	Yes
14/10/900	0.9	360	324	17	7.4	15	Yes
15/10/930	0.8	360	288	12	7.4	22	Yes
16/10/915	0.7	360	252	16	7.3	15	Yes
17/1/800	0.9	360	324	12	7.5	22	Yes
18/1/600	1.0	360	360	12	7.6	22	Yes
19/1/530	1.0	360	360	12	7.6	22	Yes
20/10/800	0.9	360	324	11	7.6	22	Yes
21/1/930	0.8	360	288	11	7.4	22	Yes
22/1/930	0.7	360	252	11	7.4	21	Yes
23/1/945	0.9	360	324	11	7.5	22	Yes
24/1/800	1.0	360	360	12	7.6	22	Yes
25/1/200	1.0	360	360	12	7.6	22	Yes
26/1/630	0.9	360	324	13	7.6	15	Yes
27/1/600	1.0	360	360	13	7.6	15	Yes
28/1/800	1.0	360	360	11	7.6	22	Yes
29/10/930	0.8	360	288	10	7.5	22	Yes
30/10/930	0.7	360	252	15	7.6	15	Yes
31/1/630	0.9	360	324	12	7.6	22	Yes