

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

System Name: City of Waldport ID #: 41 00926 Month/Year: 05/22

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	.05	.06	.07	.06	0.07	≤ 350
2	.06	.06	.05	.05	.06	.05	0.06	≤ 350
3	.07	.05	.06	.06	.07	.07	0.07	≤ 350
4	.08	.06	.06	.07	.07	.06	0.08	≤ 350
5	off	off	.05	.05	.05	off	0.05	≤ 350
6	off	off	off	off	off	off	0	≤ 350
7	off	off	.06	.05	.05	.05	0.06	≤ 350
8	off	off	.05	.05	.05	.05	0.05	≤ 350
9	.05	.05	.05	.05	.05	.05	0.05	≤ 350
10	.05	.05	.05	.05	.05	.05	0.05	≤ 350
11	.05	.05	.05	.05	.05	.05	0.05	≤ 350
12	off	off	off	off	off	.06	0.06	≤ 350
13	.05	.06	.05	.05	.05	off	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	.05	.06	.05	.05	0.06	≤ 350
17	.05	.05	.05	.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	.05	0.05	≤ 350
21	.05	.05	.06	.07	.07	.06	0.07	≤ 350
22	off	off	.06	.06	.06	.06	0.06	≤ 350
23	.05	.05	.05	.05	.05	.06	0.06	≤ 350
24	off	off	off	off	off	.06	0.06	≤ 350
25	.05	.05	.05	.05	.05	.05	0.05	≤ 350
26	.05	.05	.05	off	.05	.05	0.05	≤ 350
27	.05	off	.05	.05	.05	.05	0.05	≤ 350
28	off	off	off	off	off	off	0	≤ 350
29	off	off	.06	.06	.05	.05	0.06	≤ 350
30	.06	.06	.06	.06	.06	.06	0.06	≤ 350
31	.06	.07	.05	.06	.06	.06	0.07	≤ 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 95% of distribution samples? <u>Yes</u> / No		
- OR -		PRINTED NAME: <u>Lyle T. Arrant</u>		
Slow Sand/Cartridge/Membrane/DE Filtration 95% of turbidity readings ≤ 1 NTU? <u>Yes</u> / No All turbidity readings < 5 NTU? <u>Yes</u> / No		SIGNATURE: <u>Lyle T. Arrant</u>		DATE: <u>06/07/22</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: 05/22

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
11/1400	1.0	360	360	15	7.5	15	yes
21/1530	1.0	360	360	14	7.4	15	yes
31/1800	1.0	360	360	14	7.6	15	yes
41/1330	1.0	360	360	13	7.6	15	yes
510930	0.8	360	288	13	7.5	15	yes
610930	1.1	360	396	14	7.5	15	yes
710900	0.9	360	324	17	7.5	15	yes
810830	0.9	360	324	16	7.5	15	yes
910930	1.0	360	360	17	7.5	22	yes
1010600	0.9	360	324	13	7.5	15	yes
1110830	1.0	360	360	15	7.3	15	yes
1210920	1.0	360	360	13	7.4	15	yes
1310930	1.0	360	360	12	7.5	22	yes
1411030	0.8	360	288	13	7.5	15	yes
1511235	0.8	360	288	14	7.5	15	yes
1611150	0.9	360	324	14	7.5	15	yes
1710615	1.0	360	360	15	7.4	15	yes
1810850	0.9	360	324	14	7.5	15	yes
1910830	1.0	360	360	14	7.5	15	yes
2010845	1.0	360	360	14	7.5	15	yes
2110830	0.9	360	324	14	7.6	15	yes
2210830	1.0	360	360	14	7.5	15	yes
231080	1.0	360	360	15	7.6	15	yes
2410900	1.0	360	360	15	7.5	15	yes
2510900	0.9	360	324	15	7.6	15	yes
2610900	0.9	360	324	17	7.6	15	yes
2710930	0.8	360	288	16	7.6	15	yes
2810830	0.9	360	324	17	7.6	15	yes
2910830	0.8	360	288	17	7.6	15	yes
3011030	0.9	360	324	15	7.7	15	yes
3110845	0.9	360	324	15	7.6	15	yes