

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

System Name: City of Waldport

ID #: 41 00926

Month/Year: 06/22

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	.06	.06	.06	.06	.06	.07	0.07	≤ 350
2	.06	.06	.06	.07	.06	.06	0.07	≤ 350
3	off	off	.06	.06	.05	.06	0.06	≤ 350
4	off	off	off	off	off	off	0	≤ 350
5	off	off	.06	.06	.06	.06	0.06	≤ 350
6	.05	off	.06	.06	.07	.07	0.07	≤ 350
7	.06	.06	.05	.05	.06	.06	0.06	≤ 350
8	.06	.06	.06	.06	.06	.07	0.07	≤ 350
9	.06	.06	.06	.07	.07	off	0.07	≤ 350
10	off	off	off	off	off	off	0	≤ 350
11	off	off	.07	.06	.06	.06	0.07	≤ 350
12	.06	.08	off	off	.06	off	0.08	≤ 350
13	off	off	.06	.06	.06	.06	0.06	≤ 350
14	.06	.07	.07	.08	.08	.07	0.08	≤ 350
15	.07	.06	.07	.08	.07	.07	0.08	≤ 350
16	.06	.06	.07	.08	.07	.06	0.08	≤ 350
17	.06	.06	.05	.06	.07	.06	0.07	≤ 350
18	off	off	off	off	off	.06	0.06	≤ 350
19	.06	.06	.07	.07	.06	.06	0.07	≤ 350
20	.06	.06	.06	.06	.06	.06	0.06	≤ 350
21	off	off	off	.06	.06	.06	0.06	≤ 350
22	.06	.06	.05	.06	.06	.06	0.06	≤ 350
23	off	off	.07	.06	.06	.06	0.07	≤ 350
24	.06	.06	.06	.06	.06	.06	0.06	≤ 350
25	off	off	off	off	off	.07	0.07	≤ 350
26	.06	.06	.06	.06	.06	.06	0.06	≤ 350
27	.06	.06	.06	.06	.06	.06	0.06	≤ 350
28	.06	.05	.06	.06	.06	.06	0.06	≤ 350
29	.06	.06	.06	.05	.05	.05	0.06	≤ 350
30	off	off	off	.07	.07	.07	0.07	≤ 350
31								

<b>Conventional or Direct Filtration</b> 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 <sup>1</sup>		<b>Monthly Summary (Answer Yes or No)</b> CT's met everyday? (see back) <u>Yes</u> / No All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <u>Yes</u> / No Cl <sub>2</sub> residual measured in 95% of distribution samples? <u>Yes</u> / No		
- OR -		PRINTED NAME: <u>Lyle T. Arrant</u>		
<b>Slow Sand/Cartridge/Membrane/DE Filtration</b> 95% of turbidity readings ≤ 1 NTU? Yes / No All turbidity readings < 5 NTU? Yes / No		SIGNATURE: <u>Lyle T. Arrant</u>		DATE: <u>07/06/22</u>
		PHONE #: <u>(541) 563-2929</u>		CERT #: <u>5292</u>

<sup>1</sup> IFE = Individual Filter Effluent

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

System Name:

City of Waldport

ID #: 41 00926

Month/Year: 06/22

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C)	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met
	ppm or mg/L	minutes	CXT	°C		Use tables	Yes / No
110625	0.8	360	288	16	7.5	15	Yes
2110860	0.7	360	252	21	7.5	11	Yes
310930	0.9	360	324	16	7.6	15	Yes
411020	0.9	360	324	16	7.5	15	Yes
50840	0.8	360	288	17	7.6	15	Yes
611800	1.0	360	360	16	7.4	15	Yes
711730	1.0	360	360	15	7.4	15	Yes
811600	1.0	360	360	15	7.4	15	Yes
911700	0.9	360	324	17	7.5	15	Yes
1011530	0.9	360	324	16	7.6	15	Yes
1111800	0.9	360	324	16	7.6	15	Yes
1210800	0.9	360	324	15	7.5	15	Yes
1311600	0.9	360	324	15	7.5	15	Yes
1411800	0.9	360	324	16	7.5	15	Yes
1511030	0.8	360	288	15	7.5	15	Yes
1610830	0.9	360	324	15	7.4	15	Yes
1710830	0.9	360	324	15	7.4	15	Yes
1811000	1.0	360	360	15	7.6	15	Yes
1911025	0.8	360	288	15	7.6	15	Yes
2011800	0.9	360	324	16	7.5	15	Yes
2111700	1.0	360	360	16	7.6	15	Yes
2211500	1.0	360	360	18	7.6	11	Yes
2311630	1.0	360	360	17	7.6	15	Yes
2411015	1.1	360	396	16	7.7	15	Yes
2510945	0.9	360	324	16	7.7	15	Yes
2611045	0.9	360	324	17	7.6	15	Yes
2711600	0.9	360	324	17	7.6	15	Yes
2811800	1.4	360	360	17	7.5	15	Yes
2911730	1.0	360	360	18	7.5	11	Yes
3011330	1.0	360	360	18	7.5	11	Yes
311							