

Oregon DHS - Drinking Water Program - Turbidity Monitoring Report Form

System Name:

City of Waldport

ID #: 41 00926

Month/Year: 12/22

DAY	12 AM (NTU)	4AM (NTU)	8 AM (NTU)	NOON (NTU)	4 PM (NTU)	8 PM (NTU)	Highest Reading (NTU)	Peak Hourly Flow (GPM)
1	.07	.06	.07	.06	.06	.07	0.07	350
2	.07	.06	.05	.07	.07	.07	0.06	350
3	.07	.07	.05	.05	.06	.07	0.07	350
4	.05	.05	.07	.05	.03	.03	0.05	350
5	.03	.07	.05	.05	.06	.06	0.06	350
6	.06	.06	.07	.07	.07	.07	0.06	350
7	.07	.07	.07	.03	.03	.03	.03	350
8	.03	.03	.03	.03	.02	.02	.03	350
9	.03	.03	.02	.07	.07	.07	.03	350
10	.07	.07	.07	.07	.07	.07	.0	350
11	.07	.07	.03	.03	.03	.03	.03	350
12	.03	.03	.03	.03	.02	.03	.03	350
13	.03	.03	.04	.03	.04	.02	.04	350
14	.07	.07	.02	.03	.02	.03	.03	350
15	.03	.02	.02	.03	.07	.07	.03	350
16	.07	.07	.02	.02	.03	.02	.03	350
17	.02	.02	.07	.07	.04	.02	.04	350
18	.07	.07	.02	.07	.07	.03	.03	350
19	.02	.02	.02	.02	.02	.02	.02	350
20	.07	.07	.03	.07	.07	.02	.03	350
21	.02	.02	.02	.07	.02	.02	.02	350
22	.02	.02	.07	.02	.07	.07	.02	350
23	.07	.07	.02	.04	.02	.02	.04	350
24	.02	.02	.02	.07	.07	.02	.02	350
25	.02	.03	.02	.02	.02	.07	.03	350
26	.07	.07	.07	.07	.07	.07	.0	350
27	.07	.07	.02	.07	.03	.02	.03	350
28	.02	.02	.02	.02	.02	.02	.02	350
29	.02	.02	.02	.02	.07	.02	.02	350
30	.02	.07	.02	.02	.02	.07	.02	350
31	.07	.07	.03	.02	.02	.02	.03	350

Conventional or Direct Filtration
Monthly Summary (Answer Yes or No)

95% of turbidity readings ≤ 0.3 NTU?

Yes / No

CT's met everyday?

 All Cl₂ residual at entry

 Cl₂ residual measured in

All turbidity readings < 1 NTU?

Yes / No

(see back)

point ≥ 0.2 mg/l?

of distribution system

All turbidity readings < IFE triggers?

 Yes / No¹

Yes / No

Yes / No

Yes / No

- OR -

PRINTED NAME: Lyle T Arrant

Slow Sand/Cartridge/Membrane/DE Filtration

SIGNATURE: Lyle T. Arrant

DATE: 01/04/23

95% of turbidity readings ≤ 1 NTU?

Yes / No

All turbidity readings < 5 NTU?

Yes / No

PHONE #: (541) 563-2929

CERT #: 5292

¹ IFE = Individual Filter Effluent

Date/ Time	Minimum Cl ₂ Residual at 1 st User (C)	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT
	ppm or mg/L	minutes	CXT	°C		Use tables	Ye
11/1800	0.9	360	324	12	7.4	22	Yes
21/10:30	1.0	360	360	10	7.5	22	Yes
31/8:45	0.9	360	324	10	7.4	22	Yes
41/8:40	0.9	360	324	10	7.3	22	Yes
51/700	0.9	360	324	11	7.4	22	Yes
61/600	0.9	360	324	11	7.4	22	Yes
71/1400	1.0	360	360	12	7.4	22	Yes
81/0800	1.0	360	360	11	7.5	22	Yes
91/0925	1.0	360	360	11	7.5	22	Yes
101/0915	0.8	360	288	11	7.5	22	Yes
111/0800	0.8	360	288	12	7.5	22	Yes
121/0900	0.9	360	324	13	7.6	15	Yes
131/800	0.9	360	324	12	7.5	22	Yes
141/700	0.9	360	324	11	7.5	22	Yes
151	0.9	360	324	10	7.5	22	Yes
161/0815	0.8	360	288	10	7.5	22	Yes
171/1000	0.8	360	288	11	7.6	22	Yes
181/1000	0.8	360	288	9	7.6	22	Yes
191/700	0.8	360	288	11	7.6	22	Yes
201/1800	0.9	360	324	13	7.6	15	Yes
211/600	0.9	360	324	12	7.6	22	Yes
221/330	0.9	360	324	12	7.6	22	Yes
231/1030	1.0	360	360	10	7.6	22	Yes
24/8945	0.9	360	324	10	7.7	22	Yes
251/0900	1.0	360	360	10	7.6	22	Yes
261/0930	0.7	360	252	11	7.6	21	Yes
271/800	0.9	360	324	14	7.6	15	Yes
281/730	0.9	360	324	13	7.6	15	Yes
291/600	0.9	360	324	13	7.6	15	Yes
301/1000	1.0	360	360	12	7.7	22	Yes
31/0900	0.9	360	324	12	7.6	22	Yes