

Oregon DHS - Drinking Water Program – Turbidity Reporting Report Form

System Name: *City of Waldport*

ID #: 41 00926

Month/Year: 02/23

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	.03	.03	.03	.03	.03	.03	0.03	≤ 350
2	.03	off	off	off	off	off	0.03	≤ 350
3	off	off	off	off	.04	.03	0.04	≤ 350
4	.03	.03	.03	.03	.04	.04	0.04	≤ 350
5	off	off	off	off	off	off	0	≤ 350
6	off	off	.04	.07	.08	.05	0.08	≤ 350
7	.04	.05	.05	.07	off	off	0.07	≤ 350
8	off	off	.06	.05	.05	.03	0.06	≤ 350
9	.03	.03	.03	.03	.03	.03	0.03	≤ 350
10	off	off	off	off	off	off	0	≤ 350
11	off	off	.04	.03	.04	.03	0.04	≤ 350
12	.03	.03	.03	.04	.04	.04	0.04	≤ 350
13	off	off	off	off	off	off	0	≤ 350
14	off	off	.03	.03	.03	.03	0.03	≤ 350
15	.04	.05	.03	.03	.03	.03	0.05	≤ 350
16	.04	.04	.03	.03	.03	off	0.04	≤ 350
17	off	off	off	.04	.03	.03	0.04	≤ 350
18	.04	.04	.03	.03	.03	.03	0.04	≤ 350
19	.03	.03	.03	.03	.03	off	0.03	≤ 350
20	off	off	.03	.03	.03	.03	0.03	≤ 350
21	off	off	.03	.03	.03	.03	0.03	≤ 350
22	off	off	.03	.03	.03	off	0.03	≤ 350
23	off	off	.03	.03	.03	.04	0.04	≤ 350
24	.03	.03	.03	.03	.04	.04	0.04	≤ 350
25	.05	.04	.03	.03	.04	.05	0.05	≤ 350
26	off	off	off	off	off	off	0	≤ 350
27	off	off	off	.05	.07	.05	0.07	≤ 350
28	.04	.04	.03	.03	.04	.05	0.05	≤ 350
29								
30								
31								

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 of distribution sample
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			
- OR -		PRINTED NAME: <i>Lytle T. Arrant</i>		
Slow Sand/Cartridge/Membrane/DE Filtration		SIGNATURE: <i>Lytle T. Arrant</i>	DATE: <i>03/08/23</i>	
95% of turbidity readings ≤ 1 NTU?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	PHONE #: <i>(541) 563-2929</i>	CERT #: <i>5292</i>	
All turbidity readings < 5 NTU?	<input type="checkbox"/> Yes / <input type="checkbox"/> No			

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 Mea
	ppm or mg/L	minutes	CXT	°C		Use tables	Yes
1/1800	1.0	360	360	11	7.5	22	Yes
2/1700	0.9	360	324	10	7.5	22	Yes
3/1600	0.9	360	324	11	7.5	22	Yes
4/1300	0.9	360	324	13	7.5	15	Yes
5/1000	0.8	360	288	11	7.5	22	Yes
6/1700	0.9	360	324	11	7.5	22	Yes
7/0800	1.0	360	360	11	7.5	22	Yes
8/1800	0.9	360	324	12	7.4	22	Yes
9/1430	0.9	360	324	15	7.4	15	Yes
10/1030	0.9	360	324	14	7.4	15	Yes
11/1500	1.0	360	360	18	7.4	11	Yes
12/0900	0.7	360	252	16	7.4	14	Yes
13/1300	1.0	360	360	13	7.4	15	Yes
14/1800	0.9	360	324	13	7.4	15	Yes
15/1800	1.0	360	360	12	7.4	22	Yes
16/0930	0.9	360	324	14	7.3	15	Yes
17/0900	0.9	360	324	10	7.4	22	Yes
18/0900	1.0	360	360	14	7.3	15	Yes
19/1000	1.0	360	360	11	7.6	22	Yes
20/0900	0.8	360	288	19	7.4	17	Yes
21/0830	1.0	360	360	11	7.4	22	Yes
22/0800	1.1	360	396	11	7.4	15	Yes
23/0230	0.9	360	324	10	7.5	22	Yes
24/0900	0.8	360	288	12	7.4	22	Yes
25/0900	0.8	360	288	12	7.4	22	Yes
26/1800	0.9	360	324	12	7.4	22	Yes
27/1900	1.0	360	360	10	7.4	22	Yes
28/1800	1.0	360	360	10	7.4	22	Yes
29/							
30/							
31/							