

Oregon DHS - Drinking Water Program - Turbidity Monitoring Report Form

System Name: City of Waldport

ID #: 4100926

Month/Year: 4/23

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

Monthly Summary (Answer Yes or No)

Conventional or Direct Filtration 95% of turbidity readings ≤ 0.3 NTU? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No All turbidity readings < 1 NTU? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No All turbidity readings < IFE triggers? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No		CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Cl ₂ residual measured in distribution sample <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
- OR -		PRINTED NAME: <u>Lyle T. Arrant</u>		
Slow Sand/Cartridge/Membrane/DE Filtration 95% of turbidity readings ≤ 1 NTU? <input type="checkbox"/> Yes / <input type="checkbox"/> No All turbidity readings < 5 NTU? <input type="checkbox"/> Yes / <input type="checkbox"/> No		SIGNATURE: <u>Lyle T. Arrant</u>		DATE: <u>05/04/23</u>
		PHONE #: <u>(541) 863-2929</u>		CERT #: <u>5292</u>

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 MET
	ppm or mg/L	minutes	CXT	°C		Use tables	Yes
11/0930	0.9	360	324	14	7.5	15	Yes
21/1000	0.8	360	288	16	7.6	15	Yes
31/700	1.2	360	432	11	7.6	23	Yes
41/800	1.1	360	396	12	7.6	22	Yes
51/500	1.1	360	396	12	7.6	22	Yes
61/300	1.1	360	396	12	7.6	22	Yes
71/0930	0.8	360	288	10	7.5	22	Yes
81/0730	0.9	360	324	16	7.6	15	Yes
91/030	0.9	360	324	11	7.6	22	Yes
101/830	1.0	360	360	12	7.5	22	Yes
111/600	0.9	360	324	13	7.6	15	Yes
121/600	1.0	360	360	13	7.6	15	Yes
131/800	1.0	360	360	12	7.6	22	Yes
141/500	0.9	360	324	13	7.5	15	Yes
151/930	1.0	360	360	12	7.5	22	Yes
161/1100	0.9	360	324	13	7.5	15	Yes
171/800	0.9	360	324	13	7.5	15	Yes
181/600	1.0	360	360	13	7.5	15	Yes
191/830	0.9	360	324	12	7.6	22	Yes
201/800	0.9	360	324	12	7.6	22	Yes
211/0945	0.8	360	288	13	7.5	15	Yes
221/0915	0.8	360	288	11	7.5	22	Yes
231/0900	0.9	360	324	12	7.5	22	Yes
241/700	0.9	360	324	13	7.5	15	Yes
251/800	0.9	360	324	14	7.5	15	Yes
261/500	0.9	360	324	14	7.5	15	Yes
271/0900	0.9	360	324	14	7.5	15	Yes
281/0900	0.8	360	288	12	7.5	22	Yes
291/0915	0.9	360	324	14	7.5	15	Yes
301/0915	0.8	360	288	13	7.5	15	Yes
31/							