Oregon DHS - Drinking Water Program – Turbidity Monitoring Report Form

System Name: ID #: 41 Month/Year:

DAY	12 A (NTU)	4 AM (NTU)	8 AM (NTU)	NOON (NTU)	4 PM (NTU)	8 (NTU)	Highest Reading (NTU)	Hourly Flow (GPM)
1	.03	.03	.03	off	off	off	0.03	≤ 350
2	off	off	off	off	off	off	0.0	≤ 350
3	off	off	.03	.03	.03	.03	0.03	≤ 350
4	.03	.03	.03	.03	.03	.03	0.03	≤ 350
5	.03	.03	.03	.03	.03	.03	0.03	≤ 350
6	.03	.03	.03	.03	off	off	0.03	≤ 350
7	off	off	.03	.03	.03	.03	0.03	≤ 350
8	.03	.03	.03	.03	.03	off	0.03	≤ 350
9	off	off	off	off	off	off	0.0	≤ 350
10	off	off	.03	.03	.03	.03	0.03	≤ 350
11	.03	.04	.03	.03	.03	.03	0.03	≤ 350
12	.03	.03	.03	.03	.03	.03	0.03	≤ 350
13	.03	.03	.03	.03	.03	.03	0.03	≤ 350
14	.03	.03	.03	off	off	off	0.03	≤ 350
15	off	off	.03	.03	.03	.03	0.03	≤ 350
16	.03	.03	.03	.03	.03	.03	0.03	≤ 350
17	.03	.03	.03	off	.03	.03	0.03	≤ 350
18	.03	.03	.03	.03	.03	.03	0.03	≤ 350
19	.03	off	.03	off	.03	.03	0.03	≤ 350
20	.03	.03	.03	.03	.03	off	0.03	≤ 350
21	off	off	.03	.03	.04	.03	0.04	≤ 350
22	.03	.03	.03	.04	.03	off	0.04	≤ 350
23	off	off	.03	off	off	.03	0.03	≤ 350
24	.03	.03	.03	.03	.03	.03	0.03	≤ 350
25	.03	.03	.03	.03	.03	.03	0.03	≤ 350
26	.03	off	.03	off	.03	.04	0.04	≤ 350
27	.03	.03	.03	.03	.03	.03	0.03	≤ 350
28	.03	.03	.03	.03	.03	off	0.03	≤ 350
29	off	off	.03	.03	.03	.04	0.04	≤ 350
30	.03	.03	.03	.04	.03	off	0.04	≤ 350
31	off	off	.03	.03	.03	.03	0.03	≤ 350

Conventional or Direct Filtration

95% of turbidity readings ≤ 0.3 NTU? (Yes) / No
All turbidity readings < 1 NTU? (Yes) / No
All turbidity readings < IFE triggers? (Yes) / No [1]

- OR -

Slow Sand/Cartridge/Membrane/DE Filtration

95% of turbidity readings ≤ 1 NTU? Yes / No
All turbidity readings < 5 NTU? Yes / No

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back)	All Cl_2 residual at entry point ≥ 0.2 mg/l?	Cl_2 residual measured of distribution samp
(Yes) / No	(Yes) / No	(Yes) / No

PRINTED NAME: Lyle T. Arrant

SIGNATURE: Lyle T. Arrant DATE: 08/03/2

PHONE #: (541) 563-2929 CERT #: 5297

[1] IFE = Individual Filter Effluent

System Name: City of Waldport ID #: 41 Month/Year: 07/23

Date / Time	Minimum Cl_2 Residual at 1st User (C)	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT
	ppm or mg/L	minutes	C X T	°C		Use tables	Yes
1/0930	0.9	360	324	18	7.5	11	Yes
2/1000	1.0	360	360	16.4	7.43	15	Yes
3/1730	0.9	360	324	18	7.5	11	Yes
4/1800	1.0	360	360	20	7.5	11	Yes
5/1600	1.0	360	360	19	7.5	11	Yes
6/0900	0.8	360	288	21	7.4	11	Yes
7/0900	1.0	360	360	19	7.4	11	Yes
8/0830	0.9	360	324	18	7.4	11	Yes
9/0930	0.9	360	324	20	7.4	11	Yes
10/1830	1.0	360	360	20	7.4	11	Yes
11/1800	0.9	360	324	19	7.5	11	Yes
12/1700	0.9	360	324	18	7.5	11	Yes
13/1800	0.9	360	324	19	7.5	11	Yes
14/1900	0.9	360	324	17	7.5	15	Yes
15/0700	0.8	360	288	18	7.4	11	Yes
16/0845	0.9	360	324	18	7.4	11	Yes
17/1800	0.9	360	324	19	7.5	11	Yes
18/1700	0.9	360	324	19	7.5	11	Yes
19/1800	0.9	360	324	19	7.5	11	Yes
20/1630	0.9	360	324	18	7.5	11	Yes
21/0900	0.8	360	288	18	7.4	11	Yes
22/0800	1.0	360	360	19	7.5	11	Yes
23/0845	0.8	360	288	19	7.4	11	Yes
24/1800	0.9	360	324	20	7.5	11	Yes
25/1700	0.9	360	324	20	7.5	11	Yes
26/1800	1.0	360	360	20	7.5	11	Yes
27/1730	1.0	360	360	21	7.5	11	Yes
28/0845	0.9	360	324	19	7.4	11	Yes
29/0900	0.8	360	288	21	7.4	11	Yes
30/0845	1.0	360	360	20	7.3	11	Yes
31/1800	1.0	360	360	20	7.5	11	Yes