Oregon DHS - Drinking Water Program – Turbidity Monitoring Report Form

System Name: City of Waldport **ID #:** 41 00926 **Month/Year:** 08/23

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	≤.03	≤ 350
2	.03	.03	off	off	off	off	≤.03	≤ 350
3	off	off	.04	.03	.03	.03	≤.04	≤ 350
4	.03	.03	.03	.03	.03	.03	≤.03	≤ 350
5	off	off	off	off	off	off	≤	≤ 350
6	off	off	.05	.03	.03	off	≤.05	≤ 350
7	.03	.03	.03	.03	.03	.03	≤.03	≤ 350
8	.03	.03	.03	.03	.03	.03	≤.03	≤ 350
9	.03	.03	.03	.03	.03	.03	≤.03	≤ 350
10	.03	off	off	.04	.03	.03	≤.04	≤ 350
11	off	off	.04	.04	.03	.03	≤.04	≤ 350
12	.03	.03	.03	.03	.03	off	≤.03	≤ 350
13	off	off	.04	.03	.03	.03	≤.04	≤ 350
14	.03	.03	.03	off	.03	.03	≤.03	≤ 350
15	.03	.03	.03	.03	.03	.03	≤.03	≤ 350
16	.03	.03	off	off	off	.03	≤.03	≤ 350
17	.03	.03	.03	.03	.03	off	≤.03	≤ 350
18	off	off	off	off	.03	.03	≤.03	≤ 350
19	.03	.03	.03	.03	.03	.03	≤.03	≤ 350
20	off	off	off	.04	.03	.03	≤.04	≤ 350
21	.03	.03	.03	off	.03	.03	≤.03	≤ 350
22	.03	.03	.04	.03	.03	.03	≤.04	≤ 350
23	.03	off	.03	.03	.03	.03	≤.03	≤ 350
24	.03	off	off	.05	.03	.03	≤.05	≤ 350
25	.03	.03	.03	.03	.03	off	≤.03	≤ 350
26	off	off	.03	.03	.03	.03	≤.03	≤ 350
27	off	off	.03	.03	.03	.03	≤.03	≤ 350
28	.03	.03	.03	off	off	off	≤.03	≤ 350
29	off	off	.03	.03	.03	.03	≤.03	≤ 350
30	.03	.03	.04	off	.04	.03	≤.04	≤ 350
31	.03	off	off	off	.03	.03	≤.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 in 95% of distribution samples?
(Yes) / No	(Yes) / No	(Yes) / No

PRINTED NAME: Lyle T. Arrant

SIGNATURE: Lyle T. Arrant DATE: 09/07/23

PHONE #: (541) 563-2929 CERT #: 5292

[1] IFE = Individual Filter Effluent

System Name: city of Waldport ID #: 41 00926 Month/Year: 08/23

Date / Time	Minimum Cl_2 Residual at 1st User (C)	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met?
	ppm or mg/L	minutes	C X T	°C		Use tables	Yes / No
1/1200	1.0	360	360	20	7.5	11	Yes
2/1800	1.0	360	360	20	7.4	11	Yes
3/1630	1.0	360	360	20	7.4	11	Yes
4/0830	0.8	360	288	19	7.4	11	Yes
5/1830	1.0	360	360	19	7.3	11	Yes
6/0800	0.9	360	324	19	7.3	11	Yes
7/1800	1.0	360	360	20	7.4	11	Yes
8/1730	1.0	360	360	20	7.4	11	Yes
9/1800	1.0	360	360	20	7.4	11	Yes
10/1830	1.0	360	360	18	7.4	11	Yes
11/1543	0.9	360	324	20	7.3	11	Yes
12/0815	1.1	360	396	18	7.3	12	Yes
13/0900	1.0	360	360	19	7.3	11	Yes
14/1800	1.0	360	360	21	7.5	11	Yes
15/1900	1.0	360	360	20	7.5	11	Yes
16/1700	1.0	360	360	20	7.5	11	Yes
17/1600	1.0	360	360	21	7.5	11	Yes
18/0900	1.0	360	360	21	7.4	11	Yes
19/0850	0.9	360	324	20	7.4	11	Yes
20/0830	0.9	360	324	19	7.4	11	Yes
21/1800	1.0	360	360	20	7.5	11	Yes
22/1700	1.0	360	360	20	7.5	11	Yes
23/1830	1.0	360	360	20	7.5	11	Yes
24/1630	1.0	360	360	19	7.5	11	Yes
25/0900	0.9	360	324	19	7.4	11	Yes
26/1430	0.9	360	324	19	7.4	11	Yes
27/0900	0.8	360	288	19	7.5	11	Yes
28/1800	0.9	360	324	19	7.5	11	Yes
29/1900	0.9	360	324	18	7.5	11	Yes
30/1600	1.0	360	360	19	7.5	11	Yes
31/1800	1.0	360	360	20	7.4	11	Yes