

Oregon DHS - Drinking Water Program - Turbidity Monitoring Report Form

System Name: City of Waldport ID #: 41 00926 Month/Year: 09/23

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	off	0.03	≤ 350
2	off	off	off	off	.05	.04	0.05	≤ 350
3	.03	.03	.03	.03	.03	.03	0.03	≤ 350
4	off	off	off	.03	.03	.03	0.03	≤ 350
5	.03	.03	.03	.03	.03	.03	0.03	≤ 350
6	off	off	off	off	.03	.03	0.03	≤ 350
7	.03	.03	.03	.03	.03	off	0.03	≤ 350
8	off	off	off	off	off	off	0	≤ 350
9	off	.07	.06	.06	.03	.03	0.07	≤ 350
10	.03	.03	.03	.03	.03	.03	0.03	≤ 350
11	.03	.03	.03	.03	.03	.03	0.03	≤ 350
12	.03	.03	.03	.03	.03	off	0.03	≤ 350
13	off	off	off	.04	.03	.03	0.04	≤ 350
14	.03	.03	.03	.03	.03	.03	0.03	≤ 350
15	.03	off	off	off	.03	.03	0.03	≤ 350
16	.03	.03	.03	.03	.03	.03	0.03	≤ 350
17	off	off	off	off	.03	.03	0.03	≤ 350
18	.03	.03	.03	.03	.03	.03	0.03	≤ 350
19	.03	off	off	off	.05	.04	0.05	≤ 350
20	.03	.03	.03	.03	off	off	0.03	≤ 350
21	off	off	.04	.03	.03	.03	0.04	≤ 350
22	.03	.03	off	off	off	.04	0.04	≤ 350
23	.03	.03	.03	.03	.03	off	0.03	≤ 350
24	off	off	off	off	off	off	0	≤ 350
25	off	off	off	off	off	off	0	≤ 350
26	off	off	.03	.03	.03	.03	0.03	≤ 350
27	.03	off	off	off	.03	.03	0.03	≤ 350
28	.03	.03	.03	.03	.03	.03	0.03	≤ 350
29	.03	off	off	.04	.03	.03	0.04	≤ 350
30	.03	.03	.03	.03	.03	.03	0.03	≤ 350
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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) <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 95% of distribution samples? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All turbidity readings < 1 NTU? <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: <u>Lyle T.ARRANT</u>		
Slow Sand/Cartridge/Membrane/DE Filtration	SIGNATURE: <u>Lyle T.ARRANT</u>	DATE: <u>10/04/23</u>	
95% of turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	PHONE #: <u>(541) 563-2929</u>	CERT #: <u>5292</u>	
All turbidity readings < 5 NTU? <input checked="" 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 Met?
	ppm or mg/L	minutes	C X T	°C		Use tables	Yes / No
1/0900	0.7	360	252	18	7.4	11	yes
2/0840	0.9	360	324	19	7.5	11	yes
3/0835	0.9	360	324	20	7.3	11	yes
4/1800	0.8	360	360	20	7.5	11	yes
5/1700	1.0	360	360	20	7.5	11	yes
6/1400	1.0	360	360	18	7.5	11	yes
7/1500	0.9	360	324	19	7.6	11	yes
8/0805	0.8	360	288	18	7.6	11	yes
9/1800	0.9	360	324	19	7.7	11	yes
10/1700	0.9	360	324	19	7.7	11	yes
11/1830	1.0	360	360	20	7.7	11	yes
12/1800	1.0	360	360	19	7.6	11	yes
13/1600	1.0	360	360	19	7.6	11	yes
14/1800	0.9	360	324	19	7.5	11	yes
15/1500	0.9	360	324	19	7.5	11	yes
16/1800	1.0	360	360	19	7.6	11	yes
17/1700	0.9	360	324	19	7.6	11	yes
18/1800	0.9	360	324	18	7.6	11	yes
19/1830	0.9	360	324	18	7.5	11	yes
20/1600	1.0	360	360	18	7.5	11	yes
21/1200	1.0	360	360	18	7.5	11	yes
22/0830	0.9	360	324	17	7.4	15	yes
23/0915	0.9	360	324	17	7.4	15	yes
24/0835	0.9	360	324	17	7.4	15	yes
25/1700	0.9	360	324	17	7.5	15	yes
26/1800	0.9	360	324	18	7.5	11	yes
27/1600	0.9	360	324	18	7.5	11	yes
28/1730	1.0	360	324	18	7.5	11	yes
29/1600	1.0	360	360	17	7.4	15	yes
30/1400	1.0	360	360	16	7.4	15	yes
31/							