

Oregon DHS - Drinking Water Program - Turbidity Monitoring Report Form

System Name: City of Waldport ID #: 4100926 Month/Year: 10/23

DAY	12 AM (NTU)	2 AM (NTU)	8 AM (NTU)	NOON (NTU)	4 PM (NTU)	8 PM (NTU)	Highest Reading (NTU)	Peak Hourly Flow (GPM)
1	.05	.05	.05	.05	.05	.05	0.05	≤ 350
2	.05	.05	.05	.05	off	off	0.05	≤ 350
3	off	.06	.05	.05	.05	.05	0.6	≤ 350
4	.05	.05	.06	.06	.05	.05	0.06	≤ 350
5	off	off	off	off	off	off	0	≤ 350
6	off	off	.06	.05	.05	.05	0.06	≤ 350
7	.05	.05	.05	.05	.05	.05	0.05	≤ 350
8	.05	.05	.05	.05	off	.05	0.05	≤ 350
9	.05	.05	.05	off	.05	.05	0.05	≤ 350
10	.05	off	off	.05	.05	off	0.05	≤ 350
11	off	off	off	off	.05	.05	0.05	≤ 350
12	.05	.05	.05	.05	.05	.06	0.06	≤ 350
13	off	off	.06	.06	off	off	0.06	≤ 350
14	off	off	.05	.06	.07	.05	0.07	≤ 350
15	.05	.05	off	.05	.05	off	0.05	≤ 350
16	off	off	off	off	off	off	0	≤ 350
17	off	off	.06	.05	.05	.05	0.06	≤ 350
18	.05	.05	.05	.05	.05	.05	0.05	≤ 350
19	.06	.05	.05	off	off	off	0.06	≤ 350
20	off	off	.05	.05	.05	.05	0.05	≤ 350
21	off	off	.05	.05	.05	.05	0.05	≤ 350
22	.05	.05	.05	.05	off	off	0.05	≤ 350
23	off	off	off	.05	.05	.05	0.05	≤ 350
24	.05	.05	.06	.05	off	off	0.06	≤ 350
25	off	off	off	off	off	off	0	≤ 350
26	off	off	.05	.05	.05	.05	0.05	≤ 350
27	.05	.05	.05	.05	.05	.05	0.05	≤ 350
28	off	off	off	off	off	.07	0.07	≤ 350
29	.05	.05	.05	.05	.05	.05	0.05	≤ 350
30	off	off	off	off	.06	.05	0.06	≤ 350
31	.05	.05	.05	.05	.05	.05	0.05	≤ 350

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

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

CT's met everyday? (see back)
 Yes / No

All Cl₂ residual at entry point ≥ 0.2 mg/l?
 Yes / No

Cl₂ residual measured in 95% of distribution samples?
 Yes / No

- OR -

PRINTED NAME: Lyle T. Arrant

Slow Sand/Cartridge/Membrane/DE Filtration

SIGNATURE: Lyle T. Arrant

DATE: 11/06/23

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

PHONE #: (541) 563-2929

CERT #: 5292

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
11/1400	0.9	360	324	16	7.4	15	Yes
21/1600	0.9	360	324	16	7.5	15	Yes
31/1500	0.8	360	288	16	7.5	15	Yes
41/0900	0.8	360	288	16	7.5	15	Yes
51/0900	0.8	360	288	16	7.4	15	Yes
61/0900	0.8	360	288	17	7.4	15	Yes
71/1400	0.8	360	288	22	7.4	11	Yes
81/0830	0.8	360	288	16	7.4	15	Yes
91/800	0.9	360	324	17	7.5	15	Yes
101/600	0.9	360	324	17	7.5	15	Yes
111/800	0.9	360	324	18	7.4	11	Yes
121/430	0.9	360	324	18	7.4	11	Yes
131/600	0.9	360	324	18	7.4	11	Yes
141/0745	0.7	360	252	16	7.5	15	Yes
151/0830	0.8	360	288	16	7.3	15	Yes
161/600	0.8	360	288	18	7.4	11	Yes
171/700	0.8	360	288	17	7.4	15	Yes
181/800	0.9	360	324	17	7.5	15	Yes
191/1430	0.9	360	324	17	7.5	15	Yes
201/0905	0.8	360	288	16	7.4	15	Yes
211/0900	0.9	360	324	16	7.4	15	Yes
221/0900	0.8	360	288	16	7.4	15	Yes
231/800	0.9	360	324	16	7.6	15	Yes
241/500	0.9	360	324	16	7.5	15	Yes
251/730	0.8	360	288	16	7.6	15	Yes
261/600	0.8	360	288	16	7.5	15	Yes
271/0930	0.7	360	252	14	7.5	15	Yes
281/0930	0.8	360	288	14	7.5	15	Yes
291/0930	0.8	360	288	14	7.5	15	Yes
301/730	0.8	360	288	14	7.5	15	Yes
31/1600	0.9	360	324	15	7.5	15	Yes