

Oregon DHS - Drinking Water Program - Turbidity Monitoring Report Form

System Name: City of WaldportID #: 4160926Month/Year: 1/24

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

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of turbidity readings ≤ 0.3 NTU? Yes / NoAll turbidity readings < 1 NTU? Yes / NoAll turbidity readings < IFE triggers? Yes / NoCT's met everyday? (see back) Yes / NoAll Cl₂ residual at entry point ≥ 0.2 mg/l? Yes / NoCl₂ residual measured in 95% of distribution samples? Yes / No

- OR -

PRINTED NAME: Lyle T. Arrant

Slow Sand/Cartridge/Membrane/DE Filtration

SIGNATURE: Lyle T. ArrantDATE: 2-7-202495% of turbidity readings ≤ 1 NTU? Yes / NoAll turbidity readings < 5 NTU? Yes / NoPHONE #: (541) 563-2929CERT #: 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
1/6/930	0.8	360	288	13°	7.5	15	yes
2/1800	0.9	360	324	15	7.6	15	yes
3/1730	0.9	360	324	14	7.5	15	yes
4/10830	0.9	360	324	14	7.5	15	yes
5/10900	1.0	360	360	12	7.5	22	yes
6/10900	1.0	360	360	12	7.5	22	yes
7/10800	0.9	360	324	12	7.5	22	yes
8/10800	0.9	360	324	14	7.5	15	yes
9/1700	0.9	360	324	13	7.6	15	yes
10/1800	1.0	360	360	12	7.6	22	yes
11/1500	1.0	360	360	12	7.5	22	yes
12/10840	1.0	360	360	14	7.5	15	yes
13/11000	0.9	360	324	13	7.5	15	yes
14/11000	0.9	360	324	11	7.5	22	yes
15/920	0.9	360	324	12	7.5	22	yes
16/1600	0.9	360	324	12	7.5	22	yes
17/1700	0.9	360	324	12	7.5	22	yes
18/1330	1.0	360	360	12	7.6	22	yes
19/10900	0.8	360	288	11	7.7	22	yes
20/10845	0.8	360	288	12	7.6	22	yes
21/10900	0.8	360	288	14	7.5	15	yes
22/1600	0.9	360	324	13	7.5	15	yes
23/1800	1.0	360	360	14	7.6	15	yes
24/1700	1.0	360	360	13	7.6	15	yes
25/1400	1.0	360	360	15	7.6	15	yes
26/830	1.0	360	360	13	7.5	15	yes
27/10930	0.9	360	324	14	7.5	15	yes
28/10935	1.0	360	360	16	7.6	15	yes
29/1800	1.0	360	360	15	7.6	15	yes
30/1730	1.0	360	360	16	7.6	15	yes
31/1600	1.0	360	360	16	7.6	15	yes