

# Oregon DHS - Drinking Water Program - Turbidity Monitoring Report Form

 System Name: City of Waldport

 ID #: 41 00926

 Month/Year: 03/24

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	.03	.03	.03	.04	.04	≤ 350
3	.04	.04	.03	.03	.03	.03	.04	≤ 350
4	.03	.03	.03	.03	.04	.03	.04	≤ 350
5	off	off	.03	.04	.04	.03	.04	≤ 350
6	.03	off	.04	off	off	.04	.04	≤ 350
7	.04	.03	off	.03	.03	.03	.04	≤ 350
8	.04	.03	off	.03	.04	.03	.04	≤ 350
9	off	off	off	off	off	off	0	≤ 350
10	off	off	off	off	off	off	0	≤ 350
11	off	off	off	off	off	off	0	≤ 350
12	off	off	.03	.03	.03	.03	.03	≤ 350
13	.03	.03	.03	.03	.03	.03	.03	≤ 350
14	.03	.03	.04	.03	.03	.03	.04	≤ 350
15	.04	.04	.03	.04	off	off	.04	≤ 350
16	off	off	.03	.03	.03	off	.03	≤ 350
17	off	off	.04	.03	.03	.03	.04	≤ 350
18	.03	.04	.03	.03	.04	.03	.04	≤ 350
19	.03	off	.03	off	off	.03	.03	≤ 350
20	.03	.03	.04	.03	.03	off	.04	≤ 350
21	off	off	.04	.03	.03	.03	.04	≤ 350
22	off	off	off	off	off	off	0	≤ 350
23	off	off	.03	.03	.04	.03	.04	≤ 350
24	off	off	.04	.03	.04	.03	.04	≤ 350
25	.03	.03	.03	.04	.03	.04	.04	≤ 350
26	.03	off	.03	.03	.03	.03	.03	≤ 350
27	.03	off	off	off	off	off	.03	≤ 350
28	off	off	off	.03	off	off	.03	≤ 350
29	off	off	.05	.03	.03	.03	.05	≤ 350
30	off	off	.04	.03	.03	.03	.04	≤ 350
31	.04	.04	.03	.03	.04	.04	.04	≤ 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<sup>1</sup>
**Monthly Summary (Answer Yes or No)**

CT's met everyday? (see back) <u>(Yes) / No</u>	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <u>(Yes) / No</u>	Cl <sub>2</sub> residual measured in 95% of distribution samples? <u>(Yes) / No</u>
---	---	---

- OR -

 PRINTED NAME: Lyle T. Arrant
**Slow Sand/Cartridge/Membrane/DE Filtration**

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

 SIGNATURE: Lyle T. Arrant

 DATE: 04/08/24

 PHONE #: (541) 563-2929

 CERT #: 5292

IFE = Individual Filter Effluent

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> 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
110900	1.1	360	396	13	7.4	15	yes
2101430	1.1	360	396	14	7.4	15	yes
310930	1.1	360	396	10	7.4	22	yes
410830	1.0	360	360	14	7.5	15	yes
511130	1.0	360	360	13	7.5	15	yes
611800	1.0	360	360	12	7.5	22	yes
710800	1.0	360	360	12	7.5	22	yes
810900	0.9	360	324	10	7.5	22	yes
910830	1.0	360	360	11	7.5	22	yes
1010900	1.0	360	360	14	7.5	15	yes
1111600	1.0	360	360	13	7.5	15	yes
1211800	1.1	360	396	14	7.6	15	yes
1311730	1.0	360	360	14	7.6	15	yes
1411130	1.0	360	360	13	7.5	15	yes
1510945	1.0	360	360	13	7.4	15	yes
1610845	0.9	360	324	14	7.4	15	yes
1710900	1.0	360	360	16	7.5	15	yes
1811800	1.0	360	360	15	7.5	15	yes
1911700	1.0	360	360	16	7.5	15	yes
2011400	1.0	360	360	16	7.5	15	yes
2111430	1.0	360	360	15	7.5	15	yes
2210830	0.9	360	324	15	7.5	15	yes
23109245	0.8	360	288	16	7.5	15	yes
2410830	0.7	360	252	NR	7.6	22	yes
2511800	1.0	360	360	13	7.5	15	yes
2611700	1.0	360	360	13	7.5	15	yes
2711730	1.0	360	360	14	7.5	15	yes
2811330	1.0	360	360	14	7.5	15	yes
2911440	0.9	360	324	13	7.5	15	yes
3010915	0.9	360	324	12	7.5	22	yes
3110915	0.9	360	324	12	7.5	22	yes