

Oregon DHS - Drinking Water Program - Turbidity Monitoring Report Form

System Name: City of Waldport ID #: 4100926 Month/Year: 4/24

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	.04	.04	.04	.03	.03	.04	.04	≤ 350
2	.04	.04	.04	.08	.04	off	.08	≤ 350
3	off	off	off	off	off	off	.04	≤ 350
4	off	off	.04	.04	.05	.03	.05	≤ 350
5	.04	.06	.07	.08	.04	off	.08	≤ 350
6	off	off	.03	.03	.04	off	.04	≤ 350
7	off	off	.04	.04	.05	.04	.05	≤ 350
8	.03	.03	.09	.06	.03	.03	.09	≤ 350
9	off	off	.03	off	.18	.18	.18	≤ 350
10	.03	.03	.03	off	.03	.04	.04	≤ 350
11	.03	off	.03	.05	.03	off	.05	≤ 350
12	off	off	.04	.03	.03	.03	.04	≤ 350
13	off	off	off	off	off	off	.04	≤ 350
14	off	off	.04	.03	.05	.03	.05	≤ 350
15	.03	.05	.03	.04	.04	.05	.05	≤ 350
16	.03	.03	off	off	off	off	.03	≤ 350
17	off	off	.05	.04	.03	.03	.05	≤ 350
18	.04	.05	.03	.03	off	off	.05	≤ 350
19	off	off	.03	.04	.03	.05	.05	≤ 350
20	.04	.04	.03	off	off	off	.04	≤ 350
21	off	off	.03	.05	.03	.03	.05	≤ 350
22	.05	.04	.03	.03	.03	.04	.05	≤ 350
23	off	off	.03	.03	.03	.06	.06	≤ 350
24	.03	.03	off	.04	.05	.03	.05	≤ 350
25	.04	.04	off	off	off	off	.04	≤ 350
26	off	off	.03	off	off	off	.03	≤ 350
27	off	.05	.05	.04	.03	.03	.05	≤ 350
28	.04	off	.04	.03	.05	.09	.09	≤ 350
29	.05	.03	.03	.04	.04	.04	.05	≤ 350
30	.04	.04	.04	off	off	off	.04	≤ 350
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Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)		
95% of turbidity readings ≤ 0.3 NTU?	Yes/No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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?
All turbidity readings < 1 NTU?	Yes/No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Yes/No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Yes/No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Yes/No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
- OR -		PRINTED NAME: <u>Lyle T. Ayrant</u>		
Slow Sand/Cartridge/Membrane/DE Filtration		SIGNATURE: <u>Lyle T. Ayrant</u>		DATE: <u>05/01/24</u>
95% of turbidity readings ≤ 1 NTU?		PHONE #: <u>(541) 563-2929</u>		CERT #: <u>5292</u>
All turbidity readings < 5 NTU?				

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
11/1800	1.0	360	360	13	7.5	15	Yes
21/1400	1.0	360	360	13	7.5	15	Yes
31/1430	0.9	360	324	13	7.5	15	Yes
41/0900	0.9	360	324	12	7.5	22	Yes
51/0910	1.0	360	360	13	7.5	15	Yes
61/0845	1.0	360	360	14	7.5	15	Yes
71/0910	0.9	360	324	15	7.5	15	Yes
81/1600	0.9	360	324	14	7.5	15	Yes
91/1800	1.0	360	360	14	7.5	15	Yes
101/730	1.0	360	360	14	7.5	15	Yes
111/330	1.0	360	360	13	7.4	15	Yes
121/0930	0.9	360	324	15	7.5	15	Yes
131/0935	0.9	360	324	13	7.5	15	Yes
141/0845	1.0	360	360	13	7.5	15	Yes
151/800	1.0	360	360	14	7.6	15	Yes
161/600	1.0	360	360	14	7.6	15	Yes
171/730	0.9	360	324	14	7.6	15	Yes
181/600	0.9	360	324	14	7.5	15	Yes
191/425	0.9	360	324	16	7.5	15	Yes
201/1620	0.9	360	324	16	7.5	15	Yes
211/0900	0.9	360	324	13	7.4	15	Yes
221/700	0.9	360	324	14	7.5	15	Yes
231/800	1.0	360	360	16	7.5	15	Yes
241/600	0.9	360	324	15	7.4	15	Yes
251/0945	1.0	360	360	14	7.5	15	Yes
261/0840	1.0	360	360	13	7.4	15	Yes
271/0835	1.0	360	360	13	7.4	15	Yes
281/800	1.0	360	360	15	7.5	15	Yes
291/500	1.0	360	360	15	7.5	15	Yes
301/600	0.9	360	324	16	7.4	15	Yes
31/							