

Oregon DHS - Drinking Water Program - Turbidity Monitoring Report Form

 System Name: City of Waldport

 ID #: 41 00926

 Month/Year: 6/24

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	.03	.03	.03	.03	.03	.03	.03	≤ 350
2	.03	.03	.04	off	off	off	.04	≤ 350
3	off	off	.04	.03	.03	.03	.04	≤ 350
4	.03	.03	.04	.04	.03	.03	.04	≤ 350
5	.03	.03	off	off	off	off	.03	≤ 350
6	off	off	.03	.04	.04	.04	.04	≤ 350
7	.03	.03	.03	.04	.03	.03	.04	≤ 350
8	.04	.04	.03	.03	.04	.03	.04	≤ 350
9	.03	.03	off	off	off	off	.03	≤ 350
10	off	off	.03	.04	.03	.03	.04	≤ 350
11	.03	.04	.03	.03	.04	.03	.04	≤ 350
12	.03	.03	.03	off	.03	.04	.04	≤ 350
13	.03	off	.03	.03	.03	off	.03	≤ 350
14	off	off	.04	.04	.03	.03	.04	≤ 350
15	.03	.03	.03	.03	.03	off	.03	≤ 350
16	off	off	off	off	off	off	off	≤ 350
17	off	off	off	off	off	off	off	≤ 350
18	off	off	.04	.03	.03	.03	.04	≤ 350
19	.04	.03	.03	.03	.04	.03	.04	≤ 350
20	.03	.03	.03	.03	.04	.03	.04	≤ 350
21	.03	.04	.03	.03	.03	.04	.04	≤ 350
22	.03	.03	.03	.03	.04	.03	.04	≤ 350
23	.03	.03	.04	.04	.03	.03	.04	≤ 350
24	.03	.03	.03	.03	.03	.03	.03	≤ 350
25	.03	.03	.03	.04	.03	.03	.04	≤ 350
26	.03	.04	.03	.03	.03	.03	.04	≤ 350
27	.03	off	.03	.03	.03	.04	.04	≤ 350
28	.03	.03	.03	.04	.03	.03	.04	≤ 350
29	.03	.03	.03	.03	.03	.03	.03	≤ 350
30	.03	.03	.03	.04	.03	.03	.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	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	(Yes) / No	(Yes) / No	(Yes) / No
All turbidity readings < IFE triggers?	(Yes) / No			

- OR -

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

 SIGNATURE: Lyle T. Arrant

 DATE: 8/25/24

 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	1.0	360	360	15	7.5	15	yes
21/1800	0.9	360	324	16	7.6	15	yes
31/1730	1.0	360	360	16	7.6	15	yes
41/1600	0.9	360	324	15	7.6	15	yes
51/1300	0.9	360	324	15	7.5	15	yes
61/1000	1.0	360	360	16	7.5	15	yes
71/0930	0.9	360	324	15	7.4	15	yes
81/0800	1.1	360	396	15	7.4	15	yes
91/0830	1.1	360	396	16	7.4	15	yes
101/700	1.0	360	360	15	7.5	15	yes
111/800	0.9	360	324	16	7.5	15	yes
121/730	1.0	360	360	17	7.5	15	yes
131/200	1.0	360	360	16	7.5	15	yes
141/0900	0.8	360	288	16	7.5	15	yes
151/0840	0.8	360	288	20	7.5	11	yes
161/0820	0.9	360	324	18	7.5	11	yes
171/1600	0.9	360	324	17	7.5	15	yes
181/1730	0.8	360	288	17	7.5	15	yes
191/1000	0.7	360	252	18	7.4	11	yes
201/1100	0.5	360	180	18	7.5	11	yes
211/800	0.4	360	144	18	7.5	11	yes
221/1200	1.5	31	47	17	7.5	15	yes
231/800	1.5	38	56	17	7.4	15	yes
241/1700	2.0	21	43	18	7.5	11	yes
251/1200	1.8	33	60	18	7.5	11	yes
261/1400	2.0	33	67	18	7.5	11	yes
271/0830	1.2	37.5	45	17	7.5	15	yes
281/1700	1.1	37.5	41	17	7.5	15	yes
291/1800	1.1	37.5	41	17	7.5	15	yes
301/1730	1.0	37.5	38	18	7.5	11	yes
31T							