

Oregon DHS - Drinking Water Program - Turbidity Monitoring Report Form

System Name: City of Waldport

ID #: 4100926

Month/Year: 8/24

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	.02	.03	.02	.02	.02	.03	≥ 350
2	.04	.02	.02	.03	.02	.02	.04	≥ 350
3	.02	.02	.03	.02	.02	.03	.03	≥ 350
4	.02	.02	.02	.02	.03	.02	.03	≥ 350
5	.02	.03	.02	.02	.02	.03	.03	≥ 350
6	.02	.02	.03	.03	.02	.02	.03	≥ 350
7	.02	.04	.02	.02	.03	.02	.04	≥ 350
8	.02	.02	.02	.03	.02	.02	.03	≥ 350
9	.03	.02	.03	.02	.02	.03	.03	≥ 350
10	.02	.02	.02	.02	.02	.02	.02	≥ 350
11	.04	.02	.04	.03	.02	.02	.04	≥ 350
12	.02	.02	.03	.03	.03	.04	.04	≥ 350
13	.02	.02	.03	.03	.04	.02	.04	≥ 350
14	.02	.03	.02	.02	.02	.03	.03	≥ 350
15	.03	.02	.03	.03	.02	.02	.03	≥ 350
16	.02	.03	.03	.02	.03	.02	.03	≥ 350
17	.02	.02	.03	.04	.02	.02	.04	≥ 350
18	.04	.02	.03	.03	.02	.02	.04	≥ 350
19	.03	.02	.03	.02	.02	.03	.03	≥ 350
20	.02	.03	.02	.03	.02	.02	.03	≥ 350
21	.03	.03	.02	.03	.02	.02	.03	≥ 350
22	.02	.02	.03	.04	.04	.03	.04	≥ 350
23	.03	.02	.03	.02	.03	.02	.03	≥ 350
24	.03	.04	.03	.02	.02	.02	.03	≥ 350
25	.02	.02	.04	.04	.03	.02	.04	≥ 350
26	.02	.02	.02	.02	.03	.03	.03	≥ 350
27	.02	.02	.02	.02	.03	.02	.03	≥ 350
28	.02	.03	.02	.05	.04	.02	.05	≥ 350
29	.04	.02	.03	.02	.02	.02	.04	≥ 350
30	.02	.03	.02	.02	.03	.02	.03	≥ 350
31	.02	.02	.02	.03	.02	.03	.03	≥ 350

Conventional or Direct Filtration 95% of turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No All turbidity readings < 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No All turbidity readings < IFE triggers? <input checked="" type="radio"/> Yes / <input type="radio"/> No		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No Cl ₂ residual measured in 95% of distribution samples? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
- OR -		PRINTED NAME: <u>Lyle T. Arant</u>		
Slow Sand/Cartridge/Membrane/DE Filtration 95% of turbidity readings ≤ 1 NTU? Yes / No All turbidity readings < 5 NTU? Yes / No		SIGNATURE: <u>Lyle T. Arant</u>		DATE: <u>9-2-24</u>
		PHONE #: <u>(541) 563-2929</u>		CERT #: <u>5292</u>

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	CXT	°C		Use tables	Yes / No
1/14:00	1.2	325	390	18	7.4	12	Yes
2/08:00	1.2	325	325	19	7.5	11	Yes
3/08:00	1.1	325	358	18	7.5	11	Yes
4/08:30	0.9	325	293	20	7.5	11	Yes
5/16:00	0.9	325	293	19	7.4	11	Yes
6/15:00	1.0	325	325	19	7.4	11	Yes
7/18:00	1.0	325	325	18	7.4	11	Yes
8/14:30	1.2	325	390	19	7.5	12	Yes
9/08:30	1.2	325	390	18	7.5	12	Yes
10/09:00	1.2	325	390	19	7.4	12	Yes
11/08:30	1.3	325	423	19	7.4	12	Yes
12/15:00	1.2	325	390	18	7.5	12	Yes
13/18:00	1.2	325	390	19	7.6	12	Yes
14/17:30	1.2	325	390	20	7.6	12	Yes
15/14:00	1.2	325	390	20	7.6	12	Yes
16/17:00	1.2	325	390	19	7.6	12	Yes
17/08:30	1.2	325	390	19	7.6	12	Yes
18/08:00	1.0	325	325	18	7.6	11	Yes
19/18:00	1.1	325	358	19	7.6	11	Yes
20/16:00	1.1	325	358	19	7.5	11	Yes
21/13:00	1.2	325	390	18	7.5	12	Yes
22/08:15	1.2	325	390	18	7.6	12	Yes
23/08:15	1.2	325	390	18	7.5	12	Yes
24/08:30	1.1	325	358	15	7.3	15	Yes
25/08:10	1.2	325	390	16	7.5	15	Yes
26/16:00	1.1	325	358	17	7.5	15	Yes
27/18:00	1.1	325	358	17	7.5	15	Yes
28/14:00	1.2	325	390	17	7.5	15	Yes
29/11:00	1.2	325	390	18	7.5	12	Yes
30/08:10	1.2	325	390	19	7.6	12	Yes
31/08:30	1.2	325	390	18	7.6	12	Yes