

Oregon DHS - Drinking Water Program - Turbidity Monitoring Report Form

System Name: City of Waldport

ID #: 41 00926

Month/Year: 9/24

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	.02	.04	.02	.02	.02	.02	0.04	≤ 350
2	.03	.02	.03	.02	.02	.02	0.03	≤ 350
3	.02	.02	.02	.02	.02	.02	0.02	≤ 350
4	.02	.02	.02	.03	.02	.02	0.03	≤ 350
5	.02	.02	.02	.02	.02	.02	0.02	≤ 350
6	.03	.02	.02	.02	.02	.02	0.03	≤ 350
7	.02	.02	.02	.02	.02	.02	0.02	≤ 350
8	.02	.02	.03	.02	.02	.02	0.03	≤ 350
9	.03	.02	.02	.02	.02	.02	0.03	≤ 350
10	.02	.02	.02	.02	.02	.02	0.02	≤ 350
11	.02	.02	.03	.02	.02	.02	0.03	≤ 350
12	.02	.02	.02	.02	.03	.02	0.03	≤ 350
13	.02	.02	.03	.02	.02	.02	0.03	≤ 350
14	.02	.02	.02	.02	.02	.02	0.02	≤ 350
15	.03	.02	.02	.02	.02	.02	0.03	≤ 350
16	.02	.02	.02	.02	.02	.02	0.02	≤ 350
17	.02	.02	.03	.02	.02	.02	0.03	≤ 350
18	.03	.02	.02	.02	.02	.02	0.03	≤ 350
19	.02	.02	.02	.02	.02	.02	0.02	≤ 350
20	.02	.02	.03	.02	.02	.02	0.03	≤ 350
21	.02	.02	.02	.03	.02	.02	0.03	≤ 350
22	.02	.02	.02	.02	.02	.02	0.02	≤ 350
23	.02	.02	.02	.03	.02	.02	0.03	≤ 350
24	.02	.02	.02	.02	.02	.02	0.02	≤ 350
25	.02	.02	.03	.02	.02	.02	0.03	≤ 350
26	.02	.02	.02	.02	.02	.03	0.03	≤ 350
27	.02	.02	.02	.02	.03	.02	0.03	≤ 350
28	.02	.02	.02	.02	.02	.02	0.02	≤ 350
29	.02	.02	.03	.02	.02	.02	0.03	≤ 350
30	.02	.02	.02	.03	.02	.02	0.03	≤ 350
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Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)		
95% of turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No	Cl ₂ residual measured in 95% of distribution samples? <input checked="" type="checkbox"/> Yes / No	
All turbidity readings < 1 NTU? <input checked="" type="checkbox"/> Yes / No				
All turbidity readings < IFE triggers? <input checked="" type="checkbox"/> Yes / No				
- OR -		PRINTED NAME:		
Slow Sand/Cartridge/Membrane/DE Filtration		SIGNATURE: <u>Lyle Arrant</u>		DATE: <u>10/08/24</u>
95% of turbidity readings ≤ 1 NTU? Yes / No	PHONE #: <u>(541) 563-2929</u>	CERT #: <u>5292</u>		
All turbidity readings < 5 NTU? Yes / No				

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
1/10/200	1.2	325	390	17	7.6	15	yes
2/10/200	1.2	325	390	17	7.7	15	yes
3/10/755	1.0	325	325	17	7.7	15	yes
4/1/800	1.3	325	423	19	7.7	12	yes
5/1/700	1.2	325	390	20	7.6	12	yes
6/1/500	1.1	325	358	19	7.5	12	yes
7/10/200	1.0	325	325	18	7.5	11	yes
8/10/830	1.0	325	325	18	7.4	11	yes
9/10/855	0.9	325	293	18	7.5	11	yes
10/1/200	1.0	325	325	18	7.4	11	yes
11/1/530	1.1	325	358	20	7.5	11	yes
12/19/30	1.0	325	325	20	7.4	11	yes
13/10/30	1.2	325	390	19	7.4	12	yes
14/10/930	1.1	325	358	19	7.4	11	yes
15/10/200	0.9	325	293	18	7.4	11	yes
16/1/800	1.5	325	488	18	7.5	12	yes
17/1/700	1.3	325	423	18	7.5	12	yes
18/1/3/00	1.1	325	358	17	7.5	15	yes
19/1/11/00	1.1	325	358	17	7.4	15	yes
20/1/11/00	1.0	325	325	17	7.3	15	yes
21/10/815	1.0	325	325	16	7.4	15	yes
22/10/845	0.9	325	293	16	7.5	15	yes
23/1/230	1.1	325	358	17	7.5	15	yes
24/10/8/30	1.0	325	325	18	7.5	11	yes
25/1/15/00	1.1	325	358	17	7.5	15	yes
26/1/11/00	1.1	325	358	17	7.6	15	yes
27/10/8/10	1.0	325	325	17	7.5	15	yes
28/10/8/30	1.1	325	358	16	7.5	15	yes
29/10/8/30	0.9	325	293	16	7.6	15	yes
30/1/4/30	1.1	325	358	18	7.7	11	yes
31/							