Oregon DHS - Drinking Water Program – Turbidity Monitoring Report Form

System Name: City of Waldport ID #: 4100926 Month/Year: 10/24

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	.03	.03	.03	.03	≤.03	≤350
3	.03	.03	.03	.04	.03	.03	≤.04	≤350
4	.03	.03	.03	.03	.03	.03	≤.03	≤350
5	.03	.03	.03	.03	.03	.03	≤.03	≤350
6	.03	.03	.03	.03	.03	.03	≤.03	≤350
7	.03	.03	.04	.03	.03	.03	≤.04	≤350
8	.03	.03	.03	.03	.03	.03	≤.03	≤350
9	off	off	.03	.03	.03	.03	≤.03	≤350
10	.03	.03	.03	.03	.03	.03	≤.03	≤350
11	.03	.03	.03	.04	.03	.03	≤.04	≤350
12	.03	.03	.03	.03	.03	.03	≤.03	≤350
13	.03	.04	.03	.03	.03	.03	≤.04	≤350
14	.03	.03	.03	.03	.03	.03	≤.03	≤350
15	off	off	.03	.03	.04	.03	≤.04	≤350
16	.03	.03	.03	.03	.03	.03	≤.03	≤350
17	off	off	.04	.03	.03	.03	≤.04	≤350
18	.03	.03	.03	.03	.03	.03	≤.03	≤350
19	.03	.03	.03	.03	.03	.03	≤.03	≤350
20	.03	.03	.03	.03	.03	.03	≤.03	≤350
21	.04	.03	.03	.03	.03	.03	≤.04	≤350
22	off	off	.03	.03	.03	.03	≤.03	≤350
23	.03	.03	.03	.03	.03	.03	≤.03	≤350
24	.03	.03	.03	.03	.03	.03	≤.03	≤350
25	off	.03	.03	off	.03	.03	≤.03	≤350
26	.03	.03	.03	.03	.03	.03	≤.03	≤350
27	.03	.03	.04	.03	off	.03	≤.04	≤350
28	.03	off	.03	.03	.03	off	≤.03	≤350
29	.03	.03	.03	.05	.06	.05	≤.06	≤350
30	off	off	off	.03	.04	.05	≤.05	≤350
31	off	off	off	.04	.03	.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 [1]

Monthly Summary (Answer Yes or 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?
(Yes) / No	(Yes) / No	(Yes) / No

- OR -

Slow Sand/Cartridge/Membrane/DE Filtration

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

PRINTED NAME: Lyle T. Arrant

SIGNATURE: Lyle T. Arrant DATE: 11/02/24

PHONE #: (541) 563-2929 CERT #: 5292

[1] IFE = Individual Filter Effluent

I:MC\Forms\Turbidity Report Form – GW – Rev 12/04

System Name: City of Waldport ID #: 41 Month/Year: 10/24

Date / Time	Minimum Cl_2 Residual at 1st 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 / 1300	1.1	325	358	17	7.6	15	Yes
2 / 1300	1.0	325	325	17	7.6	15	Yes
3 / 1730	1.1	325	358	17	7.5	15	Yes
4 / 09:00	1.1	325	358	15	7.5	15	Yes
5 / 1600	1.0	325	325	18	7.5	11	Yes
6 / 0815	1.0	325	325	15	7.5	15	Yes
7 / 08:30	1.1	325	358	15	7.5	15	Yes
8 / 1700	1.2	325	390	18	7.5	15	Yes
9 / 13:30	1.0	325	325	16	7.6	15	Yes
10 / 13:30	1.1	325	358	15	7.5	15	Yes
11 / 9:00	1.0	325	325	15	7.5	15	Yes
12 / 845	1.0	325	325	15	7.5	15	Yes
13 / 0815	0.9	325	293	16	7.6	15	Yes
14 / 08:00	1.1	325	358	16	7.6	15	Yes
15 / 11:00	1.1	325	358	16	7.7	15	Yes
16 / 8:30	1.1	325	358	16	7.7	15	Yes
17 / 14:00	1.1	325	358	15	7.6	15	Yes
18 / 8:30	1.1	325	358	14	7.6	15	Yes
19 / 8:30	1.0	325	325	14	7.5	15	Yes
20 / 1830	1.1	325	358	15	7.5	15	Yes
21 / 1800	1.1	325	358	16	7.5	15	Yes
22 / 14:00	1.0	325	325	16	7.5	15	Yes
23 / 8:30	1.0	325	325	14	7.5	15	Yes
24 / 8:30	1.1	325	358	15	7.6	15	Yes
25 / 8:30	1.1	325	358	12	7.6	15	Yes
26 / 1800	1.0	325	325	17	7.4	15	Yes
27 / 1600	1.0	325	325	16	7.5	15	Yes
28 / 11:30	1.0	325	325	15	7.5	15	Yes
29 / 15:00	1.0	325	325	15	7.4	15	Yes
30 / 13:30	1.0	325	325	13	7.4	15	Yes
31 / 10 00	1.0	325	325	13	7.4	15	Yes