Oregon DHS - Drinking Water Program – Turbidity Monitoring Report Form

System Name: City of Waldport ID #: 4100926 Month/Year: June 2025

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

- OR -

Slow Sand/Cartridge/Membrane/DE Filtration

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

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

PRINTED NAME: James Ledbetter

SIGNATURE: James Ledbetter DATE: 7-7-2025

PHONE #: (541) 563-2325 CERT #: T2-08795

[1] IFE = Individual Filter Effluent

I:MC\Forms\Turbidity Report Form – GW – Rev 12/0

System Name: City of Waldport ID #: 4100926 Month/Year: June 2025

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 10900	0.9	325	293	17	7.5	15	yes
2 10900	0.8	325	260	17	7.5	15	yes
3 09:30	1.0	325	325	17	7.5	15	yes
4 09:00	1.0	325	325	18	7.5	22	yes
5 09:00	1.0	325	325	16	7.5	15	yes
6 10:30	1.0	325	325	16	7.5	15	yes
7 08:00	1.0	325	325	17	7.5	15	yes
8 08:30	1.0	325	325	18	7.5	22	yes
9 09:00	1.0	325	325	17	7.5	15	yes
10 08:30	1.0	325	325	17	7.6	15	yes
11 08:30	1.0	325	325	18	7.3	22	yes
12 08:30	0.9	325	292	18	7.4	22	yes
13 08:30	1.0	325	325	21	7.3	22	yes
14 10830	1.1	325	358	18	7.4	22	yes
15 10845	0.9	325	292	18	7.4	22	yes
16 10:00	0.9	325	292	15	7.4	15	yes
17 08:30	1.0	325	325	17	7.3	15	yes
18 08:30	1.0	325	325	16	7.3	15	yes
19 10830	1.0	325	325	19	7.5	22	yes
20 09:30	1.0	325	325	17	7.3	15	yes
21 10800	1.1	325	358	16	7.2	15	yes
22 10900	1.1	325	358	17	7.5	15	yes
23 10900	1.1	325	358	16	7.6	15	yes
24 10830	1.0	325	325	17	7.5	15	yes
25 10830	0.9	325	292	17	7.4	15	yes
26 10900	1.1	325	358	20	7.4	22	yes
27 10830	1.0	325	325	17	7.4	15	yes
28 10900	1.1	325	358	19	7.5	22	yes
29 10845	1.1	325	358	18	7.4	22	yes
30 10800	1.1	325	358	16	7.5	15	yes
31							