Oregon DHS - Drinking Water Program – Turbidity Monitoring Report Form

System Name: City of Waldport ID #: 4100926 Month/Year: August 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	.03	.02	.02	.03	.03	≤ 350
2	.03	.03	.02	.02	.02	.02	.03	≤ 350
3	.02	.02	.02	.02	.02	.02	.02	≤ 350
4	.02	.02	.02	.02	.02	.02	.02	≤ 350
5	.02	.03	.02	.03	.03	.02	.03	≤ 350
6	.03	.02	.02	.02	.02	.02	.03	≤ 350
7	.02	.02	.02	.02	.02	.02	.02	≤ 350
8	.02	.02	.02	.02	.02	.02	.02	≤ 350
9	.02	.03	.03	.02	.02	.03	.03	≤ 350
10	.02	.02	.02	.02	.02	.02	.03	≤ 350
11	.02	.02	.02	.02	.02	.02	.02	≤ 350
12	.02	.02	.02	.03	.03	.03	.03	≤ 350
13	.03	.02	.02	.02	.02	.02	.03	≤ 350
14	.02	.02	.03	.03	.02	.02	.03	≤ 350
15	.02	.02	.02	.02	.02	.02	.02	≤ 350
16	.02	.02	.02	.02	.02	.02	.02	≤ 350
17	.02	.02	.02	.02	.02	.02	.02	≤ 350
18	.03	.02	.02	.02	.02	.02	.03	≤ 350
19	.03	.03	.02	.02	.02	.02	.03	≤ 350
20	.02	.02	.02	.02	.02	.02	.02	≤ 350
21	.02	.02	.02	.02	.02	.02	.02	≤ 350
22	.02	.02	.02	.02	.02	.02	.02	≤ 350
23	.03	.02	.02	.02	.02	.02	.03	≤ 350
24	.02	.02	.02	.02	.02	.02	.02	≤ 350
25	.02	.03	.03	.03	.02	.02	.03	≤ 350
26	.02	.03	.02	.02	.03	.02	.02	≤ 350
27	.02	.02	.02	.02	.02	.03	.03	≤ 350
28	.02	.02	.02	.02	.02	.03	.03	≤ 350
29	.03	.02	.02	.02	.02	.02	.03	≤ 350
30	.02	.02	.02	.02	.02	.02	.02	≤ 350
31	.02	.02	.02	.02	.02	.02	.02	≤ 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: James Ledbetter

SIGNATURE: James Ledbetter DATE: 9-3-25

PHONE #: (541) 915-3924 CERT #: 08795

[1] IFE = Individual Filter Effluent

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

Oregon DHS Drinking Water Program Surface Water Quality Data Form

System Name: City of Waldport ID #: 4100926 Month/Year: August 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 / 0815	1.0	325	325	15	7.4	15	yes
2 / 0830	1.0	325	325	18	7.6	22	yes
3 / 0815	1.1	325	358	18	7.5	22	yes
4 / 0810	0.9	325	292	19	7.5	22	yes
5 / 0815	1.0	325	325	18	7.6	22	yes
6 / 0730	1.0	325	325	19	7.5	22	yes
7 / 0630	1.0	325	325	18	7.6	22	yes
8 / 0700	1.0	325	325	17	7.5	15	yes
9 / 0900	1.0	325	325	18	7.6	22	yes
10 / 0830	0.9	325	292	18	7.5	22	yes
11 / 1000	1.0	325	325	19	7.6	22	yes
12 / 0800	1.0	325	325	19	7.5	22	yes
13 / 0630	1.0	325	325	20	7.5	22	yes
14 / 0730	0.9	325	292	19	7.6	22	yes
15 / 0730	1.1	325	358	20	7.6	22	yes
16 / 0845	1.1	325	358	20	7.6	22	yes
17 / 0845	1.0	325	325	19	7.6	22	yes
18 / 0830	1.0	325	325	19	7.6	22	yes
19 / 0730	1.1	325	358	18	7.5	22	yes
20 / 0730	1.1	325	358	18	7.5	22	yes
21 / 0700	0.9	325	292	19	7.4	22	yes
22 / 06:45	1.1	325	358	17	7.6	22	yes
23 / 0830	1.0	325	325	18	7.6	22	yes
24 / 0900	1.0	325	325	19	7.5	22	yes
25 / 0730	1.1	325	358	18	7.6	22	yes
26 / 06:45	1.0	325	325	19	7.5	22	yes
27 / 06:30	1.1	325	358	19	7.4	22	yes
28 / 0700	1.0	325	325	19	7.5	22	yes
29 / 0730	1.0	325	325	18	7.5	22	yes
30 / 0900	1.1	325	358	18	7.5	22	yes
31 /	1.0	325	325	18	7.6	22	yes