

Oregon DWS - Drinking Water Program - Turbidity Monitoring Report Form

System Name:

City of Waldport

ID #: 41

00926

Month/Year:

Sept 25

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	.02	.02	.02	.02	≤ 350
2	.02	.03	.03	.02	.02	.02	.03	≤ 350
3	.03	.02	.02	.02	.02	.02	.03	≤ 350
4	.03	.03	.02	.03	.02	.02	.03	≤ 350
5	.02	.02	.02	.02	.02	.02	.02	≤ 350
6	.02	.02	.03	.02	.02	.03	.03	≤ 350
7	.02	.02	.02	.02	.02	.02	.02	≤ 350
8	.02	.03	.03	.03	.03	.02	.03	≤ 350
9	.03	.02	.03	.02	.03	.03	.03	≤ 350
10	.02	.02	.02	.02	.02	.02	.02	≤ 350
11	.02	.02	.02	.02	.02	.02	.02	≤ 350
12	.03	.02	.03	.02	.02	.03	.03	≤ 350
13	.02	.03	.02	.02	.02	.02	.03	≤ 350
14	.02	.02	.02	.02	.02	.02	.02	≤ 350
15	.02	.02	.02	.03	.03	.03	.03	≤ 350
16	.03	.02	.02	.02	.02	.02	.02	≤ 350
17	.03	.03	.03	.02	.02	.02	.03	≤ 350
18	.02	.02	.02	.02	.02	.02	.02	≤ 350
19	.02	.02	.03	.02	.02	.02	.03	≤ 350
20	.03	.02	.02	.03	.02	.03	.03	≤ 350
21	.02	.02	.02	.02	.02	.02	.02	≤ 350
22	.02	.02	.02	.02	.03	.03	.03	≤ 350
23	.02	.03	.03	.03	.03	.03	.03	≤ 350
24	.02	.03	.02	.02	.02	.02	.03	≤ 350
25	.02	.02	.02	.02	.02	.02	.02	≤ 350
26	.03	.02	.02	.02	.02	.02	.03	≤ 350
27	.02	.02	.02	.02	.02	.02	.02	≤ 350
28	.02	.02	.03	.03	.03	.02	.03	≤ 350
29	.02	.03	.02	.02	.02	.02	.03	≤ 350
30	.02	.02	.02	.02	.02	.02	.02	≤ 350
31								≤ 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 / ☐ No¹

- OR -

Slow Sand/Cartridge/Membrane/DE Filtration

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

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back)
☒ Yes / ☐ No

All Cl₂ residual at entry point ≥ 0.2 mg/l?
☒ Yes / ☐ No

Cl₂ residual measured in 95% of distribution samples?
☒ Yes / ☐ No

PRINTED NAME:

James Ledbetter

SIGNATURE:

James Ledbetter

DATE:

10-4-2025

PHONE #:

(541) 915-3924

CERT #:

08795

¹ 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
11/1300	1.2	325	390	17	7.5	15	Yes
21/0730	1.0	325	325	18	7.5	22	Yes
31/0700	1.0	325	325	18	7.5	22	Yes
41/0730	1.1	325	358	17	7.5	15	Yes
51/0700	1.0	325	325	17	7.5	15	Yes
61/0830	1.1	325	358	18	7.5	22	Yes
71/0825	1.0	325	325	18	7.5	22	Yes
81/10:30	1.0	325	325	18	7.5	22	Yes
91/0700	1.0	325	325	18	7.4	22	Yes
101/3:40	1.1	325	358	18	7.3	22	Yes
111/0200	1.4	325	455	19	7.5	22	Yes
121/6:00	1.1	325	358	18	7.4	22	Yes
131/700	1.0	325	325	18	7.4	22	Yes
141/0730	0.9	325	292	17	7.6	15	Yes
151/0800	0.9	325	292	16	7.5	15	Yes
161/0830	0.9	325	292	16	7.6	15	Yes
171/0800	0.9	325	292	18	7.6	22	Yes
181/0800	0.9	325	292	17	7.5	15	Yes
191/0815	0.8	325	260	17	7.5	15	Yes
201/0830	1.0	325	325	16	7.5	15	Yes
211/0830	0.9	325	292	17	7.5	15	Yes
221/0800	0.9	325	292	20	7.5	22	Yes
231/0800	1.0	325	325	16	7.4	15	Yes
241/0815	0.9	325	292	16	7.5	15	Yes
251/0830	0.9	325	292	17	7.5	15	Yes
261/0930	0.8	325	260	16	7.5	15	Yes
271/0740	0.9	325	292	16	7.5	15	Yes
281/0900	0.9	325	292	19	7.5	22	Yes
291/0815	0.9	325	292	19	7.5	22	Yes
301/0630	0.9	325	292	19	7.4	22	Yes
31/							