

**Oregon DHS - Drinking Water Program - Turbidity Monitoring Report Form**

System Name: City of Waldport

ID #: 41 00926

Month/Year: Dec 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	.02	.02	.02	.02	≤ 350
2	.02	.03	.02	.02	.02	.03	.03	≤ 350
3	OFF	---	---	---	---	---	OFF	≤ 350
4	OFF	---	---	---	---	---	OFF	≤ 350
5	OFF	---	---	---	---	---	OFF	≤ 350
6	OFF	---	---	---	---	---	OFF	≤ 350
7	.03	.02	.02	.03	.03	.03	.03	≤ 350
8	.02	.02	.02	.02	.02	.02	.02	≤ 350
9	.02	.02	.03	.03	.03	.03	.03	≤ 350
10	OFF	---	---	---	---	---	OFF	≤ 350
11	.02	.02	.02	.02	.02	.02	.02	≤ 350
12	.02	.02	.02	.03	.02	.02	.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	.03	.03	.03	.02	.03	.03	≤ 350
17	.02	.02	.02	.02	.03	.03	.03	≤ 350
18	OFF	---	---	---	---	---	OFF	≤ 350
19	OFF	---	---	---	---	---	OFF	≤ 350
20	OFF	---	---	---	---	---	OFF	≤ 350
21	.03	.02	.03	.02	.02	.02	.03	≤ 350
22	.02	.02	.02	.02	.02	.02	.02	≤ 350
23	.02	.02	.02	.02	.02	.02	.02	≤ 350
24	.02	.03	.02	.03	.02	.02	.03	≤ 350
25	.02	.02	.02	.02	.02	.02	.02	≤ 350
26	.03	.03	.02	.02	.02	.03	.03	≤ 350
27	.03	.02	.03	.03	.02	.02	.03	≤ 350
28	.02	.02	.02	.02	.02	.02	.02	≤ 350
29	.03	.02	.02	.03	.03	.02	.03	≤ 350
30	.02	.02	.02	.02	.02	.02	.02	≤ 350
31	.02	.03	.03	.02	.03	.03	.03	≤ 350

<b>Conventional or Direct Filtration</b> 95% of turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All turbidity readings < 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All turbidity readings < IFE triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		<b>Monthly Summary (Answer Yes or No)</b> CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No Cl <sub>2</sub> residual measured in 95% of distribution samples? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		
- OR -		PRINTED NAME: <u>James Ledbetter</u>		
<b>Slow Sand/Cartridge/Membrane/DE Filtration</b> 95% of turbidity readings ≤ 1 NTU? <input type="checkbox"/> Yes / <input type="checkbox"/> No All turbidity readings < 5 NTU? <input type="checkbox"/> Yes / <input type="checkbox"/> No		SIGNATURE: <u>James Ledbetter</u>		DATE: <u>1-6-2026</u>
		PHONE #: <u>(541) 915-3927</u>		CERT #: <u>T-08795</u>

IFE = Individual Filter Effluent

System Name:

City of Waldport

ID #: 4100926

Month/Year: Dec. 2025

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C)	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met'
	ppm or mg/L	minutes	CXT	°C		Use tables	Yes / No
1 10830	1.0	325	325	11	7.5	22	y
2 110830	1.0	325	325	10	7.6	22	y
3 10900	1.0	325	325	12	7.4	22	y
4 11230	1.0	325	325	9	7.4	22	y
5 10830	0.9	325	292	14	7.4	15	y
6 10830	1.1	325	358	9	7.5	22	y
7 10835	1.0	325	325	11	7.5	22	y
8 10830	1.0	325	325	11	7.4	22	y
9 10830	1.0	325	325	12	7.5	22	y
10 10830	1.0	325	325	16	7.4	15	y
11 10830	1.0	325	325	19	7.3	15	y
12 10830	1.0	325	325	16	7.4	15	y
13 10830	1.0	325	325	9	7.5	22	y
14 11100	1.0	325	325	10	7.6	22	y
15 10900	1.0	325	325	20	7.5	15	y
16 10830	1.1	325	358	23	7.5	15	y
17 10430	1.0	325	325	13	7.5	22	y
18 10830	1.0	325	325	10	7.5	22	y
19 101100	1.1	325	358	10	7.5	22	y
20 10900	1.2	325	390	9	7.6	22	y
21 10900	1.0	325	325	8	7.5	22	y
22 10900	0.9	325	292	9	7.6	22	y
23 10800	1.0	325	325	8	7.5	22	y
24 10800	1.0	325	325	8	7.5	22	y
25 11100	1.0	325	325	9	7.5	22	y
26 109:30	1.0	325	325	9	7.5	22	y
27 10900	0.9	325	292	8	7.5	22	y
28 10900	1.1	325	358	6	7.6	22	y
29 10900	1.0	325	325	8	7.5	22	y
30 10830	1.0	325	325	6	7.5	22	y
31 10820	0.8	325	260	7	7.6	22	y