

Oregon DHS - Drinking Water Program – Turbidity Monitoring Report Form

System Name: City of Waldport ID #: 41 00926 Month/Year: 09/21

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	off	off	off	off	.06	.05	0.06	≤ 350
2	.05	.05	.05	.05	.05	.05	0.05	≤ 350
3	.05	.05	.05	.05	.05	.05	0.05	≤ 350
4	.05	off	off	off	.06	.05	0.06	≤ 350
5	.05	.05	.05	.05	.05	.05	0.05	≤ 350
6	.05	.05	.05	.05	.05	.05	0.05	≤ 350
7	off	off	off	off	.06	.05	0.06	≤ 350
8	.05	.05	.05	.05	.05	.05	0.05	≤ 350
9	.05	off	off	off	off	off	0.05	≤ 350
10	off	off	.05	.05	.05	.05	0.05	≤ 350
11	.05	.05	.05	.05	.05	.05	0.05	≤ 350
12	.05	.05	.05	.05	.05	off	0.05	≤ 350
13	off	off	off	.06	.05	.05	0.06	≤ 350
14	.05	.05	.05	.05	.05	.05	0.05	≤ 350
15	off	off	.05	.05	.05	.05	0.05	≤ 350
16	off	off	.05	.05	.05	.05	0.05	≤ 350
17	.05	.05	.05	.05	off	off	0.05	≤ 350
18	off	off	off	off	off	off	0	≤ 350
19	off	off	off	off	off	off	0	≤ 350
20	.06	.05	.05	.05	.05	.05	0.06	≤ 350
21	.05	.05	.05	.05	.05	.05	0.05	≤ 350
22	.05	.05	.05	.06	.05	.05	0.06	≤ 350
23	.05	.05	.05	.05	.05	off	0.05	≤ 350
24	off	off	.05	.05	.05	.05	0.05	≤ 350
25	.05	.05	.05	.05	.05	.05	0.05	≤ 350
26	.05	.05	.05	.05	.05	off	0.05	≤ 350
27	off	off	off	off	off	off	0	≤ 350
28	off	off	off	.07	.05	.05	0.07	≤ 350
29	.05	.05	.05	.05	.05	.05	0.05	≤ 350
30	.05	.05	.05	.05	.05	.05	0.05	≤ 350
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Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)		
95% of turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Cl ₂ residual measured in 95% of distribution samples? <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			
- OR -	PRINTED NAME: <u>Lyle T. Arant</u>		
Slow Sand/Cartridge/Membrane/DE Filtration	SIGNATURE: <u>Lyle T. Arant</u>	DATE: <u>10/05/21</u>	
95% of turbidity readings ≤ 1 NTU? Yes / No	PHONE #: <u>(541) 563-2929</u>	CERT #: <u>5292</u>	
All turbidity readings < 5 NTU? Yes / No			

IFE = Individual Filter Effluent

Oregon DHS - Drinking Water Program - Surface Water Quality Data Form

System Name:

City of Waldport ID #: 41 00926

Month/Year: 09/21

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
11/730	0.9	360	324	18	7.5	11	Yes
21/1600	0.9	360	324	18	7.5	11	Yes
31/500	0.9	360	324	18	7.5	11	Yes
41/430	1.0	360	360	17	7.5	15	Yes
51/600	0.9	360	324	19	7.4	11	Yes
61/530	1.0	360	360	18	7.4	11	Yes
71/700	0.9	360	324	19	7.4	11	Yes
81/800	0.9	360	324	18	7.4	11	Yes
91/500	1.0	360	360	18	7.4	11	Yes
10/0845	1.0	360	360	18	7.4	11	Yes
11/0950	0.9	360	324	19	7.5	11	Yes
12/0900	0.9	360	324	17	7.5	15	Yes
13/1800	1.0	360	360	18	7.5	11	Yes
14/1630	1.0	360	360	18	7.4	11	Yes
15/1700	1.0	360	360	18	7.4	11	Yes
16/1530	1.0	360	360	17	7.4	15	Yes
17/09:00	0.8	360	288	17	7.5	15	Yes
18/0930	1.0	360	360	17	7.4	15	Yes
19/1000	0.9	360	324	17	7.4	15	Yes
20/1800	1.0	360	360	18	7.5	11	Yes
21/1200	0.9	360	324	19	7.5	11	Yes
22/1530	1.0	360	360	18	7.5	11	Yes
23/108:30	0.8	360	288	17	7.4	15	Yes
24/11:00	0.8	360	288	17	7.4	15	Yes
25/108:50	0.8	360	288	16	7.4	15	Yes
26/109:30	0.9	360	288	16	7.5	15	Yes
27/19:00	0.8	360	288	16	7.4	15	Yes
28/1700	0.9	360	324	17	7.5	15	Yes
29/1500	0.9	360	324	17	7.5	15	Yes
30/1700	0.9	360	324	17	7.6	15	Yes
31/							