

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

System Name: City of Waldport ID #: 41 00926 Month/Year: 02/20

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	.05	.05	.05	.06	.05	.05	0.06	< 350
2	.05	.05	.06	.07	.06	.05	0.07	< 350
3	.05	.05	.05	.05	.05	.05	0.05	< 350
4	.05	.05	.05	.05	.05	.06	0.06	< 350
5	.05	.05	.05	.05	.05	off	0.05	< 350
6	off	off	off	off	off	.05	0.05	< 350
7	.05	.05	.05	.05	.05	.05	0.05	< 350
8	.05	.05	.05	.05	.05	off	0.05	< 350
9	off	off	.06	.05	.05	.05	0.06	< 350
10	.05	.05	.05	.05	.05	.05	0.05	< 350
11	.05	.05	.05	off	off	off	0.05	< 350
12	off	off	off	.05	.05	.06	0.06	< 350
13	.05	.05	.05	.05	.05	.05	0.05	< 350
14	off	off	off	off	.06	.05	0.06	< 350
15	.05	.06	.05	.05	.05	.05	0.06	< 350
16	.05	.05	.05	.05	.05	off	0.05	< 350
17	off	off	.05	.05	.05	.05	0.05	< 350
18	.05	.05	.05	off	.05	.05	0.05	< 350
19	.05	.05	.05	.05	.05	.05	0.05	< 350
20	off	off	off	off	off	off	0	< 350
21	off	off	off	off	off	off	0	< 350
22	off	off	.05	.05	.05	.05	0.05	< 350
23	.06	.05	.05	.05	.06	.06	0.06	< 350
24	.07	.08	.06	.05	.05	.05	0.08	< 350
25	.05	.05	.05	.06	.07	.05	0.07	< 350
26	.05	.05	.05	.05	.05	.05	0.05	< 350
27	off	off	off	off	off	off	0	< 350
28	off	off	off	off	off	off	0	< 350
29								
30								
31								

Conventional or Direct Filtration 95% of turbidity readings ≤ 0.3 NTU? <u>Yes</u> / No All turbidity readings < 1 NTU? <u>Yes</u> / No All turbidity readings < IFE triggers? <u>Yes</u> / No ¹		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <u>Yes</u> / No All Cl ₂ residual at entry point ≥ 0.2 mg/l? <u>Yes</u> / No Cl ₂ residual measured in of distribution sample? <u>Yes</u> / No		
- OR -		PRINTED NAME: <u>Lyle T. Arrant</u>		
Slow Sand/Cartridge/Membrane/DE Filtration 95% of turbidity readings ≤ 1 NTU? Yes / No All turbidity readings < 5 NTU? Yes / No		SIGNATURE: <u>Lyle T. Arrant</u>		DATE: <u>03/02</u>
		PHONE #: <u>(541) 563-2929</u>		CERT #: <u>5292</u>

¹ IFE = Individual Filter Effluent

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

System Name:

city of Waldport

ID #: 41 00926

Month/Year: 02/20

Date / Time	Minimum Cl ₂ Residual at 1 st User (C)	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT
	ppm or mg/L	minutes	C X T	°C		Use tables	Yes
11/1800	0.9	360	324	11	7.5	22	Yes
21/1630	1.0	360	360	11	7.5	22	Yes
31/1700	1.0	360	360	12	7.6	22	Yes
4/15:00	1.0	360	360	11	7.5	22	Yes
5/10945	0.9	360	324	11	7.5	22	Yes
6/10845	1.0	360	360	11	7.4	22	Yes
7/10745	1.0	360	360	12	7.5	22	Yes
8/10545	0.8	360	288	11	7.5	22	Yes
9/10900	1.0	360	360	11	7.6	22	Yes
10/10845	1.0	360	396	12	7.4	22	Yes
11/10830	0.9	360	324	12	7.4	22	Yes
12/10630	1.0	360	360	11	7.5	22	Yes
13/10000	0.9	360	324	13	7.6	15	Yes
14/11600	0.9	360	324	13	7.5	15	Yes
15/11800	1.0	360	360	12	7.6	22	Yes
16/11100	1.0	360	360	12	7.6	22	Yes
17/11200	0.9	360	324	12	7.5	22	Yes
18/11300	1.0	360	360	12	7.6	22	Yes
19/10900	1.0	360	360	11	7.6	22	Yes
20/10900	1.0	360	360	12	7.4	22	Yes
21/10950	1.0	360	360	11	7.5	22	Yes
22/10800	1.0	360	360	11	7.5	22	Yes
23/10545	1.0	360	360	10	7.5	22	Yes
24/10540	1.0	360	360	10	7.6	22	Yes
25/10900	1.0	360	360	9	7.6	22	Yes
26/10900	0.9	360	324	9	7.5	22	Yes
27/10840	1.0	360	360	11	7.4	22	Yes
28/11600	1.0	360	360	12	7.5	22	Yes
29/							
30/							
31/							