

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

System Name: City of Waldport ID #: 41 00926 Month/Year: 07/22

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

<b>Conventional or Direct Filtration</b>	<b>Monthly Summary (Answer Yes or No)</b>		
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 <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
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 <sup>1</sup>			
- OR -	PRINTED NAME: <u>Lyle T. Arrant</u>		
<b>Slow Sand/Cartridge/Membrane/DE Filtration</b>	SIGNATURE: <u>Lyle T. Arrant</u>	DATE: <u>08/03/22</u>	
95% of turbidity readings ≤ 1 NTU? <input type="checkbox"/> Yes / <input type="checkbox"/> No	PHONE #: <u>(541) 563-2929</u>	CERT #: <u>5292</u>	
All turbidity readings < 5 NTU? <input type="checkbox"/> Yes / <input type="checkbox"/> No			

<sup>1</sup> IFE = Individual Filter Effluent



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

System Name:

city of Waldport

ID #: 41 00926

Month/Year: 07/22

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 M
	ppm or mg/L	minutes	CXT	°C		Use tables	Yes
11/1030	0.9	360	324	16	7.6	15	Yes
21/1900	0.9	360	324	20	7.5	11	Yes
31/1000	0.9	360	324	21	7.6	11	Yes
4/130	1.0	360	360	18	7.6	11	Yes
51/800	1.0	360	360	17	7.5	15	Yes
61/600	1.4	360	360	17	7.5	15	Yes
71/330	1.0	360	360	17	7.6	15	Yes
81/500	0.8	360	288	17	7.6	15	Yes
91/0830	0.9	360	324	18	7.4	11	Yes
10/0940	1.0	360	360	18	7.5	11	Yes
11/1400	1.0	360	360	18	7.5	11	Yes
121/800	1.0	360	360	18	7.5	11	Yes
131/730	0.9	360	324	19	7.6	11	Yes
141/630	0.9	360	324	18	7.5	11	Yes
151/0830	0.8	360	288	17	7.3	15	Yes
161/0900	1.0	360	360	18	7.6	11	Yes
171/0925	0.9	360	324	17	7.4	15	Yes
181/1345	1.0	360	360	19	7.4	11	Yes
191/800	1.0	360	360	18	7.4	11	Yes
201/730	1.0	360	360	18	7.5	11	Yes
211/600	1.0	360	360	18	7.4	11	Yes
221/800	1.0	360	360	19	7.5	11	Yes
231/700	1.0	360	360	18	7.5	11	Yes
241/600	1.0	360	360	18	7.5	11	Yes
251/500	1.0	360	360	18	7.4	11	Yes
261/030	1.0	360	360	18	7.5	11	Yes
271/330	1.0	360	360	18	7.4	11	Yes
281/00	1.0	360	360	18	7.4	11	Yes
291/530	1.0	360	360	19	7.4	11	Yes
301/800	1.0	360	360	18	7.4	11	Yes
311/400	0.9	360	324	18	7.4	11	Yes