

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

System Name:

City of Waldport

ID #: 41 00926

Month/Year: 08/22

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

Conventional or Direct Filtration
Monthly Summary (Answer Yes or No)

 95% of turbidity readings ≤ 0.3 NTU? Yes / No
 All turbidity readings < 1 NTU? Yes / No
 All turbidity readings < IFE triggers? Yes / No¹

 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

- OR -

PRINTED NAME: Lyle T. Arrant

Slow Sand/Cartridge/Membrane/DE Filtration

SIGNATURE: Lyle T. Arrant

DATE: 09/01/22

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

PHONE #: (541) 563-2929

CERT #: 5292

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: 08/20

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	CXT	°C		Use tables	Yes
11/1800	1.0	360	360	20	7.5	15	Yes
21/1530	1.0	360	360	18	7.3	15	Yes
31/1400	1.0	360	360	18	7.6	15	Yes
41/1800	1.0	360	360	18	7.5	15	Yes
51/045	0.8	360	288	19	7.6	15	Yes
61/0850	0.9	360	324	20	7.6	15	Yes
71/0800	0.9	360	324	19	7.6	15	Yes
81/01100	1.0	360	360	18	7.6	15	Yes
91/0330	1.0	360	360	18	7.7	15	Yes
10/1830	1.0	360	360	18	7.6	15	Yes
11/1830	1.0	360	360	18	7.7	15	Yes
12/1930	1.2	360	432	16	7.4	15	Yes
13/10950	1.3	360	468	17	7.5	15	Yes
14/10840	1.0	360	360	19	7.6	15	Yes
15/10100	1.0	360	360	18	7.7	15	Yes
16/10930	1.0	360	360	18	7.7	15	Yes
17/10900	0.9	360	324	18	7.7	15	Yes
18/10830	1.1	360	396	19	7.7	15	Yes
19/10830	1.0	360	360	19	7.5	15	Yes
20/11:00	1.0	360	360	18	7.5	15	Yes
21/10830	0.8	360	288	20	7.5	15	Yes
22/10830	1.1	360	396	18	7.7	15	Yes
23/10900	0.9	360	324	18	7.7	15	Yes
24/11600	0.9	360	324	20	7.6	15	Yes
25/11300	1.0	360	360	19	7.5	15	Yes
26/10900	1.0	360	360	19	7.5	15	Yes
27/10800	1.0	360	360	19	7.5	15	Yes
28/11700	0.9	360	324	19	7.5	15	Yes
29/10900	1.0	360	360	18	7.6	15	Yes
30/10900	.9	360	324	18	7.6	15	Yes
31/10900	.8	360	288	1.9	7.4	15	Yes