

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

System Name: City of Waldport

ID #: 41 00926

Month/Year: September 2022

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	.05	.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	.05	.05	.05	.05	.05	0.05	≤ 350
5	OFF	OFF	OFF	OFF	OFF	.06	0.06	≤ 350
6	.05	.05	.05	.06	.05	.05	0.06	≤ 350
7	.05	.05	.05	.05	.05	.06	0.06	≤ 350
8	.05	.05	.05	.05	.05	OFF	0.05	≤ 350
9	.05	OFF	.05	.07	.05	.05	0.07	≤ 350
10	.05	.05	.05	.05	.05	.05	0.05	≤ 350
11	.05	.05	.05	.05	.06	.05	0.06	≤ 350
12	.05	.05	OFF	OFF	OFF	OFF	0.05	≤ 350
13	.05	.05	.06	.05	.05	.05	0.06	≤ 350
14	OFF	OFF	OFF	OFF	OFF	OFF	OFF	≤ 350
15	.05	.05	.05	.05	.05	.07	0.07	≤ 350
16	.05	.05	.05	.05	.05	.05	0.05	≤ 350
17	.05	.05	.05	.05	.05	.05	0.05	≤ 350
18	.05	.05	.05	.05	.05	.06	0.06	≤ 350
19	.06	.05	OFF	OFF	OFF	OFF	0.06	≤ 350
20	OFF	OFF	.05	.05	.05	.05	0.05	≤ 350
21	.05	.05	.05	.05	OFF	OFF	0.05	≤ 350
22	OFF	OFF	.05	.05	.05	.06	0.06	≤ 350
23	.05	.05	.05	.05	.05	.05	0.05	≤ 350
24	.05	.05	OFF	OFF	OFF	OFF	0.05	≤ 350
25	OFF	OFF	.06	.05	.05	.05	0.06	≤ 350
26	.05	.05	.05	.05	.05	.06	0.06	≤ 350
27	.05	.05	OFF	OFF	OFF	OFF	0.05	≤ 350
28	OFF	OFF	.06	.05	.05	.05	0.06	≤ 350
29	OFF	OFF	.05	.05	.05	.06	0.06	≤ 350
30	.06	.06	.05	.05	.05	.06	0.06	≤ 350
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<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 <sup>1</sup>		<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>Lyle T. Arrant</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>Lyle T. Arrant</u>		DATE: <u>10/05/22</u>
		PHONE #: <u>(541) 1563-2929</u>		CERT #: <u>5292</u>

<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: 09/22

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 Met
	ppm or mg/L	minutes	C X T	°C		Use tables	Yes / No
1/10/930	0.8	360	288	17	7.5	15	Yes
2/1/0930	1.1	360	396	18	7.5	11	Yes
3/10/840	1.0	360	360	18	7.4	11	Yes
4/10/900	0.9	360	324	22	7.5	11	Yes
5/1/1030	.9	360	324	20	7.5	11	Yes
6/18/900	1.0	360	360	18	7.5	11	Yes
7/15/900	0.9	360	324	17	7.5	15	Yes
8/10/850	1.0	360	360	17	7.4	15	Yes
9/10/900	1.0	360	360	17	7.5	15	Yes
10/1/1000	1.0	360	360	20	7.6	11	Yes
11/10/930	1.0	360	360	20	7.5	11	Yes
12/10/800	1.0	360	360	20	7.5	11	Yes
13/10/1130	1.0	360	360	19	7.4	11	Yes
14/10/800	1.0	360	360	18	7.2	11	Yes
15/12/36	1.0	360	360	18	7.6	11	Yes
16/10/900	0.9	360	324	18	7.5	11	Yes
17/10/900	0.9	360	324	17	7.5	15	Yes
18/10/930	0.8	360	288	18	7.6	11	Yes
19/10/830	0.9	360	324	17	7.5	15	Yes
20/1/100	0.9	360	324	17	7.5	15	Yes
21/1/100	0.9	360	324	17	7.5	15	Yes
22/12/00	1.0	360	360	16	7.7	15	Yes
23/10/900	1.1	360	396	17	7.7	15	Yes
24/10/900	1.1	360	396	16	7.5	15	Yes
25/10/810	1.0	360	360	17	7.6	15	Yes
26/10/930	1.1	360	396	17	7.6	15	Yes
27/10/960	1.1	360	396	17	7.6	15	Yes
28/12/00	1.0	360	360	18	7.7	11	Yes
29/1/1000	0.8	360	288	17	7.5	15	Yes
30/19/00	0.9	360	324	17	7.6	15	Yes
31/							