

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

System Name: City of Waldport ID #: 41009268 Month/Year: 05/23

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	.05	.03	.03	0.05	≤ 350
2	.03	.03	.03	.03	.03	.04	0.04	≤ 350
3	off	off	.03	off	off	.03	0.03	≤ 350
4	.03	.03	.03	.03	.03	off	0.03	≤ 350
5	off	off	.03	off	off	.03	0.03	≤ 350
6	.03	.03	.03	.03	.03	.03	0.03	≤ 350
7	off	off	off	off	off	off	0	≤ 350
8	off	off	.04	.03	.03	.03	0.04	≤ 350
9	.03	.03	.03	.03	.03	.03	0.03	≤ 350
10	.03	.03	.03	.03	.03	.03	0.03	≤ 350
11	off	off	off	.03	.03	.03	0.03	≤ 350
12	.03	.03	.03	.03	.03	off	0.03	≤ 350
13	off	off	off	off	off	off	0	≤ 350
14	off	off	.04	.05	.03	.03	0.05	≤ 350
15	.03	.03	.03	.03	.03	.03	0.03	≤ 350
16	.03	.03	.03	.03	.03	.03	0.03	≤ 350
17	.03	.03	.03	.03	.03	.03	0.03	≤ 350
18	off	off	off	off	off	.04	0.04	≤ 350
19	.03	.03	.03	.03	.03	.03	0.03	≤ 350
20	.03	.03	.03	.03	off	off	0.03	≤ 350
21	off	off	off	off	off	off	0	≤ 350
22	off	off	.04	.03	.03	.03	0.04	≤ 350
23	.03	.03	.03	.03	.03	.03	0.03	≤ 350
24	.03	.03	.03	.03	.03	.03	0.03	≤ 350
25	.03	.03	.03	.03	.03	.03	0.03	≤ 350
26	.03	.03	.03	.03	.03	.03	0.03	≤ 350
27	off	off	off	off	.04	.03	0.04	≤ 350
28	.03	.03	.03	.03	.03	.03	0.03	≤ 350
29	.03	.03	.03	.03	.03	off	0.03	≤ 350
30	off	off	off	.03	.03	.03	0.03	≤ 350
31	.03	.03	.03	.03	.03	.03	0.03	≤ 350

## Conventional or Direct Filtration

## Monthly Summary (Answer Yes or No)

95% of turbidity readings ≤ 0.3 NTU?  Yes /  NoAll turbidity readings < 1 NTU?  Yes /  NoAll turbidity readings < IFE triggers?  Yes /  No<sup>1</sup>CT's met everyday? (see back)  Yes /  NoAll Cl<sub>2</sub> residual at entry point ≥ 0.2 mg/l?  Yes /  NoCl<sub>2</sub> residual measured in of distribution sample  Yes /  No

- OR -

PRINTED NAME: Lyle T Grant

## Slow Sand/Cartridge/Membrane/DE Filtration

SIGNATURE: Lyle T GrantDATE: 06/02/2395% of turbidity readings ≤ 1 NTU?  Yes /  NoAll turbidity readings < 5 NTU?  Yes /  No

PHONE #: (541) 563-2929

CERT #: 5292<sup>1</sup> IFE = Individual Filter Effluent

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
	ppm or mg/L	minutes	C X T	°C		Use tables	Ye
11/1800	0.9	360	324	15	7.5	15	Yes
21/1600	0.9	360	324	15	7.5	15	Yes
31/1800	0.9	360	324	15	7.5	15	Yes
41/030	0.9	360	324	14	7.5	15	Yes
51/0930	0.9	360	324	13	7.4	15	Yes
61/0900	0.7	360	252	12	7.5	21	Yes
71/0900	0.7	360	252	16	7.5	14	Yes
81/1800	0.9	360	324	14	7.4	15	Yes
91/1700	0.9	360	324	15	7.4	15	Yes
101/1630	1.0	360	360	14	7.5	15	Yes
111/0850	0.9	360	324	14	7.5	15	Yes
121/0925	1.0	360	360	13	7.5	15	Yes
131/0915	0.8	360	288	14	7.5	15	Yes
141/1000	1.0	360	360	14	7.5	15	Yes
151/1800	1.0	360	360	18	7.5	11	Yes
161/1700	0.9	360	324	16	7.4	15	Yes
171/1500	1.0	360	360	16	7.6	15	Yes
181/0915	0.9	360	324	15	7.5	15	Yes
191/0805	1.0	360	360	15	7.4	15	Yes
201/0850	0.9	360	324	15	7.5	15	Yes
211/0930	1.0	360	360	15	7.4	15	Yes
221/1800	1.0	360	360	15	7.4	15	Yes
231/1700	1.4	360	360	16	7.4	15	Yes
241/1500	1.0	360	360	16	7.4	15	Yes
251/0900	1.0	360	360	15	7.4	15	Yes
261/0845	1.0	360	360	14	7.5	15	Yes
271/0900	1.0	360	360	15	7.4	15	Yes
281/0845	0.8	360	288	15	7.4	15	Yes
291/1000	0.9	360	324	15	7.5	15	Yes
301/1800	0.9	360	324	15	7.5	15	Yes
311/1730	0.9	360	324	16	7.5	15	Yes