

Oregon DHS - Drinking Water Program - Turbidity Monitoring Report Form

System Name: *City of Waldport* ID #: *41 00926* Month/Year: *11/23*

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	.03	off	.03	.05	off	off	.05	≤ 350
2	off	off	.04	.03	.04	off	.05	≤ 350
3	.03	.04	.04	.05	.04	.03	.04	≤ 350
4	off	off	off	off	off	off	.05	≤ 350
5	off	off	.08	.08	off	off	0	≤ 350
6	.04	.04	off	off	off	off	.08	≤ 350
7	.03	.04	.04	.05	.03	.03	.04	≤ 350
8	.03	.04	.04	.04	.04	.04	.05	≤ 350
9	.04	.04	.03	.03	.03	.04	.04	≤ 350
10	off	off	.03	.03	.03	off	.04	≤ 350
11	.04	.03	.03	.03	.04	.04	.04	≤ 350
12	off	off	.04	.04	.04	.04	.04	≤ 350
13	off	off	.03	.03	.03	.03	.03	≤ 350
14	.03	.03	.03	.03	.03	.03	.03	≤ 350
15	.03	.03	.03	.04	.04	.04	.04	≤ 350
16	.04	.04	.03	.03	.03	off	.04	≤ 350
17	off	off	.03	.03	.03	.03	.03	≤ 350
18	off	off	off	off	off	off	0	≤ 350
19	off	off	.03	.04	.04	.04	.04	≤ 350
20	.04	.04	.03	.03	.04	.04	.04	≤ 350
21	.04	.03	.03	.03	.04	.04	.04	≤ 350
22	.04	off	.03	.04	.04	.04	.04	≤ 350
23	.03	.03	off	off	off	off	.03	≤ 350
24	off	off	off	off	off	off	0	≤ 350
25	off	off	.03	.03	.03	.03	.03	≤ 350
26	.03	.03	.03	.03	.04	.04	.04	≤ 350
27	.04	.04	.04	.04	.04	.04	.04	≤ 350
28	.04	.04	.04	.03	.03	.03	.04	≤ 350
29	.04	off	.03	.03	.03	.03	.03	≤ 350
30	.03	off	.03	off	.03	.03	.03	≤ 350
31				off	.03	.03	.03	≤ 350

Conventional or Direct Filtration

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

- OR -

Slow Sand/Cartridge/Membrane/DE Filtration

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

Monthly Summary (Answer Yes or No)

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

PRINTED NAME: *Lyle T. Arrant*

SIGNATURE: *Lyle T. Arrant*

DATE: *12/07/23*

PHONE #: *(541) 563-2929*

CERT #: *5292*

IFE = Individual Filter Effluent

Date / Time	Minimum Cl ₂ Residual at 1 st 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
1/17500	0.9	360	324	15	7.5	15	Yes
2/1700	0.8	360	288	15	7.6	15	Yes
3/1000	0.9	360	324	15	7.7	15	Yes
4/1100	0.9	360	324	15	7.6	15	Yes
5/1400	0.8	360	288	15	7.6	15	Yes
6/1700	0.8	360	288	15	7.6	15	Yes
7/1600	0.8	360	288	16	7.6	15	Yes
8/1030	0.8	360	288	14	7.5	15	Yes
9/0845	0.8	360	288	13	7.5	15	Yes
10/10710	0.9	360	324	14	7.4	15	Yes
11/0800	0.8	360	288	13	7.5	15	Yes
12/0800	0.9	360	324	13	7.5	15	Yes
13/1800	0.9	360	324	14	7.5	15	Yes
14/1700	0.8	360	288	15	7.4	15	Yes
15/1730	0.8	360	288	14	7.4	15	Yes
16/1600	0.8	360	288	15	7.4	15	Yes
17/10900	0.9	360	324	14	7.4	15	Yes
18/10900	0.9	360	324	14	7.3	15	Yes
19/11000	0.9	360	324	13	7.5	15	Yes
20/10800	0.8	360	288	13	7.4	15	Yes
21/1800	0.9	360	324	14	7.4	15	Yes
22/1530	0.9	360	324	14	7.4	15	Yes
23/1900	0.8	360	288	12	7.4	22	Yes
24/10900	0.9	360	324	12	7.4	22	Yes
25/10830	0.9	360	324	12	7.4	22	Yes
26/10850	0.9	360	324	15	7.6	15	Yes
27/1800	1.0	360	360	14	7.7	15	Yes
28/1730	1.0	360	360	13	7.5	15	Yes
29/1800	1.0	360	360	14	7.6	15	Yes
30/1700	1.0	360	360	14	7.6	15	Yes
31/							