

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

System Name:

City of Waldport

ID #: 4100926

Month/Year:

12/23

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	.03	.04	.04	.03	.03	0.04	≤ 350
2	off	off	.04	.03	.03	off	0.04	≤ 350
3	off	off	off	off	off	off	0	≤ 350
4	off	off	off	.05	.03	.07	0.07	≤ 350
5	.05	.04	off	off	off	off	0.05	≤ 350
6	off	off	off	off	off	.04	0.04	≤ 350
7	.04	.04	.03	.03	.03	.04	0.04	≤ 350
8	.04	off	.03	.03	.03	.03	0.04	≤ 350
9	.03	.03	.03	.04	.03	off	0.04	≤ 350
10	off	off	off	off	off	off	0	≤ 350
11	off	off	off	.05	.03	.04	0.05	≤ 350
12	.03	.03	.03	.03	.03	.03	0.03	≤ 350
13	.03	.03	.04	.03	.03	.03	0.04	≤ 350
14	.03	off	.03	.03	.03	.03	0.03	≤ 350
15	.03	.03	.03	.03	.03	off	0.03	≤ 350
16	off	off	off	.04	.03	.03	0.04	≤ 350
17	.03	.03	.03	.03	.03	off	0.03	≤ 350
18	off	off	off	.03	.03	.03	0.03	≤ 350
19	.03	off	off	.03	.03	.03	0.03	≤ 350
20	.03	.03	.03	.03	.03	.03	0.03	≤ 350
21	off	off	.03	.03	.03	off	0.03	≤ 350
22	off	off	off	off	.03	.03	0.03	≤ 350
23	.03	.03	.04	.03	.03	off	0.04	≤ 350
24	off	off	.03	.03	.03	.03	0.03	≤ 350
25	off	off	off	off	off	off	0	≤ 350
26	off	off	off	.04	.03	.03	0.04	≤ 350
27	.03	off	.04	.03	.03	.03	0.04	≤ 350
28	off	off	.03	.03	.03	.03	0.03	≤ 350
29	.03	.03	.03	.03	.03	.03	0.03	≤ 350
30	off	off	off	off	.03	.03	0.03	≤ 350
31	.03	.03	.03	.03	.03	off	0.03	≤ 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

## Monthly Summary (Answer Yes or No)

CT's met everyday? (see back)  Yes /  No  
 All Cl<sub>2</sub> residual at entry point ≥ 0.2 mg/l?  Yes /  No  
 Cl<sub>2</sub> 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: 01/03/24

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

PHONE #: (541) 563-2929

CERT #: 5292

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 Met?
	ppm or mg/L	minutes	C X T	°C		Use tables	Yes / No
1 11020	0.8	360	288	15	7.5	15	yes
2 10855	0.9	360	324	12	7.6	22	yes
3 1000	0.9	360	324	14	7.4	15	yes
4 1800	0.9	360	324	15	7.7	15	yes
5 1700	0.9	360	324	14	7.5	15	yes
6 1600	0.9	360	324	14	7.5	15	yes
7 1330	0.9	360	324	14	7.5	15	yes
8 1200	0.9	360	324	13	7.4	15	yes
9 1100	1.0	360	360	13	7.6	15	yes
10 0900	0.8	360	288	13	7.4	15	yes
11 1800	0.9	360	324	15	7.4	15	yes
12 1700	0.9	360	324	15	7.5	15	yes
13 1800	0.9	360	324	14	7.6	15	yes
14 1530	0.9	360	324	14	7.5	15	yes
15 0900	1.0	360	360	12	7.6	22	yes
16 10920	1.0	360	360	12	7.6	22	yes
17 10915	0.8	360	288	15	7.7	15	yes
18 1800	0.9	360	324	15	7.6	15	yes
19 1730	0.9	360	324	13	7.6	15	yes
20 1400	0.9	360	324	14	7.6	15	yes
21 1050	0.8	360	288	13	7.5	15	yes
22 10900	0.7	360	252	13	7.5	14	yes
23 10900	0.8	360	288	14	7.6	15	yes
24 10830	0.8	360	288	14	7.6	15	yes
25 10930	0.8	360	288	15	7.5	15	yes
26 1800	0.9	360	324	15	7.7	15	yes
27 1600	0.9	360	324	15	7.6	15	yes
28 1400	0.9	360	324	13	7.6	15	yes
29 0945	0.9	360	324	15	7.6	15	yes
30 0935	0.7	360	252	20	7.5	11	yes
31 800	0.8	360	288	13	7.4	15	yes