

**g Water Services – Turbidity Monitoring Report Form County:**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems**

System Name: CITY OF IPANHA ID#: 00394 WTP: A Month/Year: MAY 2021

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1							
2			0.01		0.01		0.01
3				0.01	0.01		0.01
4				0.01			0.01
5			0.01				0.01
6					0.01		0.01
7				0.01	0.01		0.01
8							
9				0.01			0.01
10					0.01		0.01
11				0.01			0.01
12				0.01			0.01
13			0.01				0.01
14		0.01			0.01		0.01
15				0.01			0.01
16				0.01			0.01
17			0.01				0.01
18				0.01	0.01		0.01
19				0.01			0.01
20				0.01	0.01		0.01
21					0.01		0.01
22				0.01			0.01
23				0.01			0.01
24			0.01	0.01			0.01
25				0.01			0.01
26				0.01			0.01
27							0.01
28				0.01	0.01		0.01
29				0.01			0.01
30		0.01	0.01	0.01			0.01
31					0.01		0.01

Slow Sand/Membrane/DE Filtration/Unfiltered <b>Monthly Summary</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:		PRINTED NAME: <u>Robert Bruce</u>	
		SIGNATURE: <u>Robert Bruce</u>	DATE: <u>6-7-21</u>
		PHONE #: <u>(503) 1854-3313</u>	CERT #: <u>7136</u>

Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. <sup>2</sup> Filtered systems only.

**OHA - Drinking Water Program - Surface Water Quality Data Form - Giardia Inactivation**

Name: Idanha City Water

ID #41: 00394 WTP-: Month/Year:

Log Requirement (Circle One): 0.8 1.0

WTP-A May 2021

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/1240	.80	187	150	11.7	7.8	2.2	yes	100
2/1100	.87	187	163	11.9	7.6	2.1	yes	90
3/1615	.79	187	148	11.9	7.4	1.9	yes	100
4/1700	.78	187	146	11.8	7.4	1.9	yes	95
5/1615	.75	187	140	11.9	7.4	1.9	yes	90
6/1540	.78	187	146	12.0	7.4	1.9	yes	100
7/1730	.80	187	150	12.1	7.4	1.9	yes	90
8/1340	.78	187	146	12.2	7.4	1.9	yes	85
9/1250	.78	187	146	12.3	7.4	1.9	yes	80
10/1600	.80	187	150	12.4	7.4	1.9	yes	90
11/1530	.80	187	150	12.5	7.5	1.9	yes	95
12/1130	.81	187	151	12.5	7.5	1.9	yes	95
13/1100	.82	187	153	12.5	7.5	1.9	yes	95
14/1615	.81	187	151	12.5	7.4	1.8	yes	100
15/1100	.81	187	151	12.6	7.4	1.8	yes	100
16/1100	.81	187	151	12.6	7.4	1.8	yes	90
17/1515	.75	187	140	12.7	7.4	1.8	yes	90
18/1500	.73	187	137	12.8	7.4	1.8	yes	90
19/1530	.69	187	129	12.8	7.4	1.8	yes	95
20/1600	.69	187	129	12.8	7.4	1.8	yes	95
21/1430	.68	187	127	12.9	7.4	1.8	yes	90
22/1100	.67	187	125	12.9	7.4	1.7	yes	85
23/1100	.68	187	127	12.9	7.4	1.8	yes	90
24/1500	.69	187	129	13.0	7.4	1.7	yes	95
25/1600	.68	187	127	13.0	7.3	1.7	yes	95
26/0715	.69	187	129	12.9	7.3	1.7	yes	100
27/1530	.72	187	135	13.1	7.4	1.7	yes	90
28/1500	.73	187	137	12.9	7.3	1.7	yes	85
29/1400	.73	187	137	13.1	7.3	1.7	yes	95
30/1345	.73	187	137	13.1	7.4	1.7	yes	100
31/1430	.83	187	155	13.2	7.3	1.7	yes	100

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours

Revised September 2016

Download form at: [public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf)

Return by 10<sup>th</sup> of following month by email, fax, or mail to:

dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350