

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

System Name: Joanna City Water ID #: 00399 WTP-: A Month/Year: Aug 2021

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

Slow Sand/Membrane/DE Filtration/Unfiltered

Monthly Summary

95% of daily turbidity readings ≤ 1 NTU? ² Yes / No
 All daily turbidity readings ≤ 5 NTU? Yes / No

Notes:

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

PRINTED NAME: Robert Bruce

SIGNATURE: Robert Bruce DATE: 9-7-21

PHONE #: (503) 954 3313 CERT #: 7136

¹ 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. ² 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): 0.5 1.0

WTP-A Aug 2021

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/1130	1.01	187	189	24.4	7.2	7.8	YES	100
2/1500	.76	187	142	24.6	7.3	7.7	YES	110
3/1515	.76	187	142	24.5	7.2	7.6	YES	120
4/1600	.79	187	148	24.8	7.3	7.7	YES	140
5/1400	.86	187	161	22.7	7.3	8.9	YES	138
6/1100	.86	187	161	23.6	7.3	8.4	YES	140
7/1120	.86	187	161	23.9	7.3	8.2	YES	150
8/1000	.90	187	151	23.9	7.3	8.3	YES	140
9/1500	.93	187	174	21.0	7.4	10.5	YES	120
10/1445	1.01	187	189	22.1	7.3	9.5	YES	200
11/1545	1.04	187	194	22.5	7.3	9.2	YES	250
12/1545	1.03	187	193	22.6	7.3	9.2	YES	160
13/1400	1.01	187	189	22.5	7.3	9.2	YES	140
14/1140	1.00	187	187	21.8	7.3	9.6	YES	163
15/1000	1.00	187	187	21.9	7.3	9.6	YES	150
16/1400	.99	187	185	19.4	7.3	11.3	YES	120
17/1530	1.01	187	189	20.4	7.3	10.6	YES	110
18/1545	1.00	187	187	18.7	7.3	11.9	YES	100
19/1700	1.02	187	191	18.3	7.4	12.7	YES	120
20/1530	.98	187	183	18.6	7.3	11.9	YES	120
21/1130	1.11	187	208	18.8	7.3	12.0	YES	100
22/1630	.98	187	183	18.7	7.3	11.9	YES	140
23/1930	.99	187	185	18.8	7.3	11.8	YES	130
24/2130	.99	187	185	18.8	7.3	11.8	YES	140
25/1600	.90	187	151	17.7	7.4	13.0	YES	110
26/1230	.90	187	151	17.8	7.4	13.0	YES	100
27/1720	.94	187	176	18.3	7.4	12.6	YES	100
28/1430	.94	187	176	18.4	7.4	12.5	YES	150
29/2100	.94	187	176	18.3	7.4	12.6	YES	160
30/1630	.95	187	178	18.3	7.4	12.6	YES	100
31/1630	.92	187	172	17.3	7.4	13.0	YES	100

³ If Cl₂ 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

Return by 10th 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