

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

System Name: Idanha city water ID #: 00394WTP-: A Month/Year: Sept 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				0.01			0.01
2			0.01	0.01			0.01
3				0.01			0.01
4					0.01		0.01
5		0.01		0.01			0.01
6			0.01				0.01
7			0.01		0.01		0.01
8			0.01			0.01	0.01
9					0.01		0.01
10					0.01		0.01
11						0.01	0.01
12							—
13	0.01						0.01
14					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							—
20		0.01					0.01
21					0.01		0.01
22							—
23							—
24						0.01	0.01
25							—
26					0.01		0.01
27					0.01		0.01
28					0.01		0.01
29					0.01		0.01
30					0.01		0.01
31					0.01		0.01

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> Monthly Summary 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	Monthly Summary (Answer Yes or 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	
	PRINTED NAME: <u>Robert Bruce</u> SIGNATURE: <u>Robert Bruce</u> DATE: <u>9-7-21</u> PHONE #: <u>(503) 854-3313</u> CERT #: <u>7136</u>	

<sup>1</sup> 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): 0.5 1.0

WTP-A Sept 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]
1/1530	.93	187	174	16.5	7.5	1.5	YES	100
2/1600	.93	187	174	16.8	7.4	1.4	yes	110
3/1445	.94	187	176	16.3	7.4	1.4	yes	120
4/1300	.91	187	170	17.0	7.5	1.4	yes	140
5/1200	.91	187	170	16.9	7.5	1.4	yes	130
6/1200	.91	187	170	16.4	7.5	1.5	yes	110
7/1545	.87	187	163	17.2	7.5	1.4	yes	100
8/1620	.88	187	165	17.8	7.8	1.5	yes	120
9/1600	.88	187	165	17.7	7.6	1.4	yes	100
10/1345	.90	187	168	16.9	7.7	1.5	yes	100
11/0915	.89	187	166	16.2	7.7	1.6	yes	120
12/1135	.90	187	168	16.9	7.7	1.5	yes	120
13/1620	.90	187	168	17.0	7.7	1.5	yes	90
14/1600	.90	187	150	16.8	7.7	1.5	yes	100
15/1630	.81	187	151	17.1	7.7	1.5	yes	95
16/1645	.79	187	148	16.1	7.7	1.6	yes	90
17/1130	.82	187	153	15.0	7.7	1.7	yes	90
18/1750	.82	187	153	16.3	7.8	1.6	yes	90
19/1200	.82	187	153	16.4	7.8	1.6	yes	100
20/1530	.82	187	153	16.4	7.8	1.6	yes	90
21/1500	.76	187	142	15.1	7.6	1.6	yes	95
22/1745	.74	187	138	15.3	7.7	1.7	yes	90
23/1340	.77	187	144	15.2	7.7	1.7	yes	80
24/1745	.77	187	144	15.1	7.7	1.7	yes	100
25/1700	.78	187	146	15.6	7.7	1.7	yes	100
26/1700	.78	187	146	15.6	7.7	1.7	yes	90
27/1520	.76	187	142	15.4	7.7	1.7	yes	95
28/1500	.79	187	148	14.6	7.7	1.8	yes	90
29/1530	.80	187	150	14.2	7.7	1.8	yes	90
30/1540	.81	187	151	14.2	7.7	1.8	yes	90
31/								

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