

Received Time Aug. 8, 2022 2:23PM No. 8853

System Name: City of Danha ID #: 20394 WTP: A Month/Year: July 2022

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							
2					0.01		0.01
3				0.01			0.01
4						0.01	0.01
5						0.01	0.01
6						0.01	0.01
7						0.01	0.01
8				0.01			0.01
9			0.01				0.01
10							
11							
12							
13							
14							
15	0.03	0.03	0.03	0.03	0.03	0.03	0.03
16	0.03	0.03	0.03	0.03	0.03	0.03	0.03
17	0.03		0.03	0.03	0.03		0.03
18					0.03		0.03
19				0.03	0.03		0.03
20			0.03	0.03			0.03
21					0.03		0.03
22				0.03			0.03
23		0.03					0.03
24				0.03		0.03	0.03
25			0.03	0.03			0.03
26		0.03			0.03		0.03
27						0.03	0.03
28		0.01	0.01			0.01	0.01
29					0.01		0.01
30					0.01	0.01	0.01
31		0.01	0.01	0.01	0.01	0.01	0.01

Slow Sand/Membrane/DE Filtration/Unfiltered

Monthly Summary
 95% of daily turbidity readings \leq 1 NTU? ² Yes / No
 All daily turbidity readings \leq 5 NTU? Yes / No

Monthly Summary (Answer Yes or No)
 CT's met everyday? (see back) Yes / No
 All Cl₂ residual at entry point \geq 0.2 mg/l? Yes / No

Notes:

PRINTED NAME: Robert Bruce
 SIGNATURE: [Signature] DATE: 8-8-22
 PHONE #: (503) 854-3313 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: City of Idanha

ID #41: 00

WTP: A

Month/Year: July 2022

Log Requirement (Circle One): (0.5) 1.0

Date / Time	Minimum Cl ₂ Residual at 1st 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]
1/10930	1.06	187	198	14.3	7.3	23	Yes	85
2/11000	1.03	187	193	14.3	7.3	23	Yes	85
3/11120	.92	187	172	14.4	7.3	22	Yes	90
4/12100	.91	187	170	14.4	7.2	22	Yes	100
5/11650	.90	187	168	14.5	7.2	22	Yes	80
6/11600	.91	187	170	14.7	7.3	22	Yes	80
7/11750	.91	187	170	14.6	7.2	22	Yes	95
8/11800	.91	187	170	14.7	7.2	22	Yes	80
9/11900	.92	187	172	14.7	7.3	22	Yes	100
10/11900	.86	187	161	14.8	7.3	22	Yes	100
11/11600	.75	187	140	14.9	7.3	22	Yes	85
12/11900	.60	187	112	15.0	7.3	14	Yes	80
13/11830	.67	187	125	15.2	7.2	15	Yes	95
14/11800	.62	187	116	15.5	7.2	15	Yes	90
15/12100	.82	187	153	15.7	7.3	15	Yes	100
16/12100	.83	187	155	16.0	7.3	15	Yes	100
17/11800	.72	187	135	15.9	7.3	15	Yes	95
18/11600	.71	187	133	15.0	7.2	15	Yes	90
19/11800	.67	187	125	16.1	7.2	15	Yes	100
20/11500	.71	187	133	17.2	7.2	15	Yes	80
21/12100	.73	187	132	17.4	7.3	15	Yes	100
22/11900	.89	187	166	17.5	7.3	15	Yes	95
23/11230	.89	187	166	18.5	7.2	15	Yes	110
24/11230	.98	187	183	17.6	7.2	15	Yes	95
25/11640	.89	187	166	18.0	7.2	15	Yes	100
26/11830	.80	187	150	17.9	7.2	15	Yes	90
27/11900	1.13	187	211	17.8	7.3	15	Yes	95
28/11800	1.14	187	213	18.2	7.3	15	Yes	100
29/11600	1.14	187	213	18.1	7.3	15	Yes	90
30/11800	1.10	187	200	17.9	7.3	15	Yes	100
31/11900	.98	187	183	17.8	7.3	15	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

