

OHA - Drinking Water Services - Turbidity Monitoring Report Form County: **MAR 10 2023**
 Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

Certification
 Drinking Water Services

System Name: CITY OF IOUWHA ID #: 00394 WTP-: A Month/Year: FEB 2023

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

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ² <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 ₂ 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>[Signature]</u>	DATE: <u>3-6-23</u>
		PHONE #: <u>(503) 854-3315</u>	CERT #: <u>7136</u>

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 Services - Surface Water Quality Data Form

Certification
Water Services

System Name: CITY OF IDAMHA

ID #: 00394

WTP: A

Month/Year: FEB 2023

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]	C X T	[° C]		Use tables	Yes / No	[GPM]
1900 - 1/	.80	187	150	3.1	6.9	34	YES	80
1800 - 2/	.79	187	148	3.2	6.9	34	YES	75
1900 - 3/	.75	187	140	3.1	6.9	34	YES	85
1900 - 4/	.80	187	150	3.0	6.9	34	YES	80
1600 - 5/	.81	187	151	3.0	6.9	35	YES	70
1800 - 6/	.81	187	151	3.0	7.0	35	YES	75
1900 - 7/	.81	187	151	3.0	7.0	35	YES	85
1900 - 8/	.81	187	151	3.1	6.9	35	YES	90
2000 - 9/	.87	187	163	3.1	6.9	35	YES	90
1900 - 10/	.86	187	161	3.3	6.9	35	YES	95
1800 - 11/	.86	187	161	3.5	7.0	35	YES	85
1600 - 12/	.84	187	157	3.8	7.0	35	YES	80
1800 - 13/	.84	187	157	3.6	6.9	35	YES	80
1900 - 14/	.71	187	133	3.5	6.9	34	YES	90
1800 - 15/	.73	187	137	3.4	6.9	34	YES	95
2000 - 16/	.73	187	137	3.5	6.9	34	YES	100
2100 - 17/	.71	187	133	3.5	7.0	34	YES	100
1920 - 18/	.71	187	133	3.5	6.9	34	YES	75
1830 - 19/	.71	187	133	3.4	6.9	34	YES	75
1700 - 20/	.72	187	135	3.4	6.8	34	YES	85
1000 - 21/	.72	187	135	3.1	6.9	34	YES	95
1230 - 22/	.74	187	138	3.0	7.0	34	YES	100
1140 - 23/	.69	187	129	2.8	7.0	34	YES	80
1150 - 24/	.62	187	116	2.5	6.9	34	YES	80
1200 - 25/	0.51	187	95	2.4	6.9	33	YES	90
11:10 - 26/	.56	187	105	2.4	6.9	33	YES	95
1300 - 27/	.54	187	101	2.6	6.9	33	YES	100
1430 - 28/	.50	187	94	3.0	7.0	33	YES	80
29/								
30/								
31/								

³ If Cl₂ at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours.
 Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf Revised November 2022

Return by 10th of following month by email, fax, or mail to:
 dwp.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR
 97293-0350
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