

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

System Name: City of Idanha ID #: 00394 WTP: A Month/Year: April 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
3							
4						0.01	0.01
5			0.01				0.01
6							
7							
8							
9			0.01				
10							0.01
11	0.01				0.01		0.01
12							0.01
13						0.01	0.01
14							
15	0.01						0.01
16		0.01					
17		0.01					
18	0.01						0.01
19							0.01
20							
21							
22	0.01						
23							0.01
24					0.01		0.01
25					0.01		0.01
26				0.01			0.01
27				0.01			0.01
28	0.01				0.01		0.01
29							0.01
30	0.01						
31							0.01

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	PRINTED NAME: <u>Robert Bruce</u>	
	SIGNATURE: <u>Robert Bruce</u>	DATE: <u>5-8-23</u>
	PHONE #: <u>503 1854-3313</u>	CERT #: <u>7130</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

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System Name: Edanha water plant ID #: 00394 WTP: A Month/Year: April 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]
1/	.88	187	165	4.8	6.9	35	Yes	80
2/	.88	187	165	4.8	6.9	35	Yes	75
3/	.88	187	165	4.8	6.9	35	Yes	75
4/	.81	187	151	4.4	6.9	35	Yes	85
5/	.81	187	151	4.6	6.9	35	Yes	90
6/	.80	187	159	4.9	6.8	34	Yes	95
7/	.80	187	150	4.9	6.8	34	Yes	80
8/	.74	187	138	4.9	6.8	34	Yes	80
9/	.76	187	179	5.0	6.8	25	Yes	70
10/	.86	187	161	4.9	6.9	35	Yes	70
11/	.89	187	166	4.7	6.8	35	Yes	75
12/	1.03	187	192	4.6	6.9	36	Yes	75
13/	1.08	187	201	5.0	6.9	25	Yes	80
14/	1.10	187	205	5.3	6.9	25	Yes	100
15/	1.15	187	215	5.5	6.9	25	Yes	80
16/	1.05	187	196	5.2	6.9	35	Yes	70
17/	1.01	187	207	5.9	6.9	25	Yes	65
18/	1.10	187	205	5.8	6.9	25	Yes	80
19/	1.01	187	188	5.8	6.9	25	Yes	85
20/	.89	187	166	5.9	6.9	25	Yes	80
21/	.89	187	166	5.9	6.9	25	Yes	70
22/	.89	187	166	6.6	6.9	25	Yes	80
23/	.89	187	166	7.0	6.9	25	Yes	85
24/	.86	187	161	7.1	7.0	25	Yes	70
25/	.84	187	157	7.1	7.0	25	Yes	65
26/	.82	187	153	7.6	7.0	25	Yes	75
27/	.82	187	153	8.1	7.0	25	Yes	70
28/	.65	187	122	8.4	7.0	24	Yes	70
29/	.65	187	122	9.5	7.0	24	Yes	75
30/	.71	187	133	8.7	7.0	24	Yes	80
31/								

³ If Cl₂ at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours.

Revised November 2022

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf

RECEIVED

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

MAY 10 2023

Certification
Drinking Water Services