

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

System Name: Idanha Water Plant # 00394 WTP: A Month/Year: June 23

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							
3			0.01	0.01	0.01		0.01
4				0.01	0.01		0.01
5							
6							
7						0.01	0.01
8					0.01	0.01	0.01
9						0.01	0.01
10							
11					0.01		0.01
12						0.01	0.01
13					0.01		0.01
14						0.01	0.01
15					0.01		0.01
16	0.01				0.01		0.01
17	0.01	0.01	0.01	0.01			0.01
18	0.01	0.01	0.01	0.01	0.01	0.01	0.01
19	0.01	0.01	0.01	0.01	0.01	0.01	0.01
20							0.01
21							
22				0.01			0.01
23							
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	0.01	0.01	0.01	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 (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>7-7-23</u>
		PHONE #: <u>(503) 854-3313</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.

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]	
1900	1/	.99	187	185	16.1	7.5	15	yes	75
1800	2/	.99	187	185	16.1	7.5	15	yes	80
1900	3/	.98	181	183	16.1	7.5	15	yes	75
2000	4/	.60	187	112	16.1	7.5	15	yes	95
1900	5/	1.11	187	207	16.0	7.5	15	yes	100
1900	6/	1.11	187	207	16.0	7.5	15	yes	80
1900	7/	1.06	187	190	16.0	7.5	15	yes	90
1800	8/	1.02	187	190	16.0	7.5	15	yes	100
1900	9/	.84	187	157	16.0	7.5	15	yes	85
2000	10/	.69	187	129	16.0	7.5	15	yes	90
2000	11/	.70	187	130	16.0	7.5	15	yes	95
1900	12/	1.00	187	112	15.8	7.3	15	yes	75
1900	13/	.96	187	179	15.8	7.2	15	yes	80
1800	14/	.76	187	160	15.8	7.2	15	yes	85
1700	15/	.84	187	157	15.8	7.2	15	yes	90
1800	16/	.84	187	157	15.8	7.2	15	yes	95
1800	17/	.92	187	172	15.8	7.3	15	yes	100
1700	18/	1.63	187	304	15.8	7.3	15	yes	85
1800	19/	1.38	187	258	16.0	7.5	15	yes	75
1800	20/	1.36	187	345	16.1	7.5	15	yes	90
2000	21/	2.0	187	374	16.1	7.6	15	yes	80
1900	22/	2.10	187	392	16.1	7.5	15	yes	85
2000	23/	2.14	187	400	16.1	7.5	15	yes	75
2100	24/	1.61	187	301	16.1	7.5	15	yes	95
1800	25/	1.60	187	299	16.1	7.5	15	yes	80
2200	26/	.78	187	145	16.0	7.5	15	yes	75
1900	27/	.78	187	145	16.0	7.5	15	yes	80
2100	28/	.77	187	143	16.0	7.5	15	yes	100
1600	29/	.78	187	145	16.0	7.5	15	yes	75
1900	30/	.79	187	147	16.0	7.5	15	yes	100
	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

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