

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

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

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

Slow Sand/Membrane/DE Filtration/Unfiltered  
**Monthly Summary**  
 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>  Yes /  No  
 All daily turbidity readings ≤ 5 NTU?  Yes /  No

**Monthly Summary (Answer Yes or No)**  
 CT's met everyday? (see back)  Yes /  No  
 All Cl<sub>2</sub> residual at entry point. ≥ 0.2 mg/l?  Yes /  No

Notes:

PRINTED NAME: Robert Bruce  
 SIGNATURE: Robert Bruce DATE: 9/7/23  
 PHONE #: (503) 854-3313 CERT #: 7134

<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 Services - Surface Water Quality Data Form

Received Time Sep. 7, 2023 11:32AM No. 9750

System Name:

*Idanha water plant*

ID #:

*00394*

WTP-:

*A*

Month/Year:

*August 23*

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]
1900 1/	.89	187	211	19.7	7.6	15	Yes	95
1600 2/	1.13	187	224	19.7	7.7	15	Yes	75
1900 3/	1.09	187	204	19.7	7.5	15	Yes	100
1900 4/	.86	187	164	19.7	7.5	15	Yes	80
1800 5/	.89	187	164	19.7	7.5	15	Yes	90
2100 6/	.76	187	142	19.7	7.6	15	Yes	80
2000 7/	.85	187	108	19.7	7.7	15	Yes	75
1900 8/	.89	187	166	19.7	7.7	15	Yes	95
1900 9/	1.08	187	127	19.8	7.6	15	Yes	90
1700 10/	.52	187	97	19.8	7.6	15	Yes	100
1900 11/	.49	187	91	19.8	7.5	15	Yes	100
1600 12/	1.18	187	220	19.6	7.2	15	Yes	100
1600 13/	1.23	187	230	19.7	7.2	15	Yes	75
1700 14/	1.10	187	205	19.7	7.0	15	Yes	95
1900 15/	1.06	187	198	19.7	7.0	15	Yes	80
1900 16/	1.35	187	252	19.7	7.0	15	Yes	75
1700 17/	1.25	187	233	19.7	7.0	15	Yes	85
1600 18/	1.23	187	230	19.7	7.0	15	Yes	80
1900 19/	1.09	187	203	19.7	7.0	15	Yes	75
1900 20/	1.07	187	200	19.7	7.0	15	Yes	95
1900 21/	1.07	187	200	19.7	7.6	15	Yes	100
1900 22/	1.08	187	201	19.7	7.5	15	Yes	80
1900 23/	1.02	187	190	19.7	7.6	15	Yes	95
1700 24/	.99	187	185	19.7	7.6	15	Yes	80
1700 25/	1.05	187	196	19.7	7.5	15	Yes	80
1700 26/	1.50	187	280	19.7	7.6	15	Yes	90
1800 27/	1.36	187	254	19.7	7.5	15	Yes	100
1800 28/	1.08	187	127	19.7	7.5	15	Yes	95
1700 29/	.80	187	149	19.8	7.5	15	Yes	90
1900 30/	.80	187	149	19.8	7.5	15	Yes	75
1600 31/	.70	187	130	19.8	7.5	15	Yes	95

<sup>3</sup> If Cl<sub>2</sub> 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-elt-unfiltered.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-elt-unfiltered.pdf) Revised November 2022

Return by 10<sup>th</sup> 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