

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

System Name: Idanha water plant ID #: 0294 WTP: Idanha Month/Year: NOV 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						0.01	0.01
2						0.01	0.01
3						0.01	0.01
4				0.01		0.01	0.01
5	0.01						0.01
6			0.01				0.01
7						0.01	0.01
8							
9							
10	0.01			0.01		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		0.01
16	0.01			0.01		0.01	0.01
17		0.01			0.01	0.01	0.01
18	0.01			0.01		0.01	0.01
19		0.01			0.01		0.01
20				0.01			0.01
21			0.01				0.01
22		0.01					0.01
23	0.01						0.01
24							
25						0.01	0.01
26				0.01			0.01
27			0.01				0.01
28		0.01					0.01
29						0.01	0.01
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	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:	PRINTED NAME: <u>Robert Bruce</u> SIGNATURE: <u>[Signature]</u> DATE: <u>12/5/23</u> PHONE #: <u>503 1851-3313</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.

OHA - Drinking Water Services - Surface Water Quality Data Form

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System Name: Idanha

ID #: 00294 WTP-: Tadon

Month/Year: Nov 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/	1.70	187	317	26.1	7.6	15	Yes	100
2000 2/	1.68	187	314	26.1	7.6	15	Yes	100
0900 3/	1.46	187	273	26.1	7.6	15	Yes	95
1900 4/	1.26	187	254	26.1	7.7	15	Yes	90
1900 5/	1.20	187	284	26.1	7.7	15	Yes	90
2000 6/	1.18	187	220	26.1	7.7	15	Yes	80
2100 7/	1.47	187	274	26.1	7.6	15	Yes	85
2100 8/	1.36	187	254	26.1	7.5	15	Yes	70
2100 9/	1.24	187	231	26.1	7.5	15	Yes	75
1900 10/	.98	187	183	26.1	7.3	15	Yes	85
1900 11/	1.04	187	194	26.1	7.0	15	Yes	90
1900 12/	1.05	187	196	26.8	7.3	15	Yes	100
1900 13/	1.03	187	192	26.1	7.3	15	Yes	95
1900 14/	1.01	187	188	26.1	7.3	15	Yes	85
1900 15/	1.01	187	188	26.1	7.2	15	Yes	75
2100 16/	.88	187	164	26.1	7.3	15	Yes	70
2100 17/	.73	187	136	26.1	7.3	15	Yes	80
1800 18/	.74	187	138	26.1	7.3	15	Yes	100
1800 19/	.74	187	138	26.1	7.3	15	Yes	100
1800 20/	.87	187	162	26.2	7.3	15	Yes	95
1900 21/	.87	187	162	26.8	7.3	15	Yes	90
1900 22/	.81	187	151	26.1	7.3	15	Yes	85
1900 23/	1.25	187	233	26.2	7.3	15	Yes	75
1800 24/	1.48	187	276	26.2	7.3	15	Yes	70
2000 25/	1.63	187	304	26.2	7.3	15	Yes	80
2000 26/	1.33	187	248	26.2	7.3	15	Yes	80
2000 27/	1.14	187	213	26.2	7.3	15	Yes	180
2000 28/	1.13	187	211	26.1	7.1	15	Yes	95
2000 29/	1.10	187	205	26.1	7.1	15	Yes	90
2000 30/	1.08	187	201	26.1	7.1	15	Yes	100
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.dnce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350