

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

Received Time Mar. 7, 2024 12:09PM No. 0182

System Name: Eden W^{PK} Feb 2024 ID #: 00391 WTP: Eden Month/Year: 02/24

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							
3			0.01				0.01
4					0.01		0.01
5		0.01					0.01
6							
7	0.01						0.01
8				0.01	0.01	0.01	0.01
9		0.01					0.01
10							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
15			0.01	0.01	0.01		0.01
16					0.01		0.01
17							0.01
18				0.01	0.01	0.01	0.01
19						0.01	0.01
20			0.01	0.01			0.01
21					0.01	0.01	0.01
22				0.01			0.01
23		0.01					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
29					0.01		0.01
30							0.01
31							

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
Monthly Summary 95% of daily turbidity readings \leq 1 NTU? ² <input checked="" type="radio"/> Yes <input type="radio"/> No All daily turbidity readings \leq 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 \geq 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
Notes:		PRINTED NAME: <u>Robert Bruce</u> SIGNATURE: <u>Robert Bruce</u>	DATE: <u>2/6/24</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.



Feb 2, 2024

Received Time Mar. 7, 2024 12:09PM No. 0182

OHA - Drinking Water Program - Surface Water Quality Data Form - Giardia Inactivation

Name: Idanha Water

ID #41: 00394

WTP.: Month/Year: Feb/24

Log Requirement (Circle One): 0.5 1.0

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/ 19:00	.91	187	170	25	6.7	15	yes	90
2/ 19:00	.91	187	170	25	6.7	15	yes	80
3/ 19:00	.91	187	170	25	6.7	15	yes	75
4/ 19:00	.91	187	170	25	6.7	15	yes	75
5/ 19:00	.73	187	136	25	6.7	15	yes	70
6/ 18:00	.73	187	136	25	6.7	15	yes	80
7/ 18:00	.73	187	136	25	6.7	15	yes	80
8/ 17:00	.73	187	136	25	6.7	15	yes	90
9/ 18:00	.73	187	136	25	6.7	15	yes	85
10/ 19:00	.73	187	136	25	6.7	15	yes	90
11/ 19:00	.73	187	136	25	6.7	15	yes	90
12/ 19:00	.72	187	134	25	6.7	15	yes	100
13/ 17:00	.72	187	134	25	6.7	15	yes	100
14/ 17:00	.72	187	134	25	6.7	15	yes	95
15/ 17:00	.72	187	134	25	6.7	15	yes	85
16/ 17:00	.72	187	134	25	6.7	15	yes	80
17/ 19:00	.95	187	177	25	6.7	15	yes	80
18/ 18:00	.92	187	172	25	6.7	15	yes	80
19/ 18:00	.91	187	170	25	6.7	15	yes	80
20/ 21:00	.91	187	170	25	6.7	15	yes	90
21/ 19:00	.91	187	170	25	6.7	15	yes	80
22/ 19:00	.96	187	179	25	6.7	15	yes	90
23/ 18:00	.91	187	170	25	6.7	15	yes	85
24/ 18:00	.90	187	168	25	6.7	15	yes	85
25/ 17:00	.91	187	170	25	6.7	15	yes	80
26/ 17:00	.91	187	170	25	6.7	15	yes	80
27/ 19:00	.92	187	172	25	6.7	15	yes	80
28/ 18:00	.92	187	172	25	6.7	15	yes	90
29/ 19:00	.92	187	172	25	6.7	15	yes	90
30/							yes	90
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-conv-direct.pdf Revised September 2016

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