

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

System Name: J danha ID #: 00374 WTP.: A Month/Year: April 2024

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	0.01		0.01			0.01	0.01
3		0.01					0.01
4	0.01	0.01					0.01
5		0.01					0.01
6							0.01
7	0.01	0.01	0.01	0.01			0.01
8			0.01	0.01	0.01		0.01
9		0.01					
10							0.01
11							
12			0.01				0.01
13							
14					0.01		0.01
15			0.01				0.01
16					0.01		0.01
17					0.01		0.01
18	0.01		0.01				0.01
19							0.01
20	0.01		0.01				0.01
21						0.01	0.01
22					0.01		0.01
23		0.01		0.01			0.01
24						0.01	0.01
25							
26	0.01	0.01	0.01	0.01	0.01	0.01	0.01
27				0.01	0.01	0.01	0.01
28				0.01			0.01
29	0.01	0.01					
30							0.01
31				0.01	0.01	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>	DATE: <u>5-6-24</u>
		SIGNATURE: <u>Robert Bruce</u>	PHONE #: <u>503 1884-3313</u>
		PHONE #: <u>503 1884-3313</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

System Name: Idanha

ID #: 00394

WTP: Idanha

Month/Year: April 2024

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]
1700 11	1.12	187	209	8	7.0	24	Yes	80
1700 21	1.01	187	188	8	7.0	25	Yes	85
1800 31	1.11	187	204	8	7.0	25	Yes	80
1700 41	1.10	187	205	8	7.0	25	Yes	90
1700 51	1.10	187	205	8	7.0	25	Yes	75
1700 61	.57	187	106	8	7.0	24	Yes	70
1700 71	.82	187	153	8	7.0	25	Yes	80
1800 81	.63	187	117	8	7.0	24	Yes	100
1900 91	.75	187	140	8	7.0	24	Yes	75
1900 101	.78	187	145	8	7.0	24	Yes	90
1900 111	.68	187	127	8	7.0	24	Yes	80
1700 121	1.06	187	198	8	7.0	24	Yes	80
1700 131	1.08	187	201	8	7.0	26	Yes	90
1700 141	1.46	187	273	8	7.0	27	Yes	85
1700 151	1.46	187	273	8	7.0	27	Yes	80
1700 161	1.46	187	273	8	7.0	27	Yes	75
1800 171	1.21	187	226	8	7.0	26	Yes	75
1800 181	1.09	187	203	8	7.0	25	Yes	70
1800 191	1.08	187	201	8	7.0	25	Yes	90
1900 201	1.06	187	198	8	7.0	25	Yes	100
1700 211	1.06	187	198	8	7.0	25	Yes	95
1700 221	1.21	187	226	9	7.0	26	Yes	80
1700 231	1.19	187	222	9	7.0	25	Yes	80
1700 241	1.19	187	222	8	7.0	25	Yes	75
1700 251	1.19	187	222	8	7.0	25	Yes	75
1600 261	1.19	187	222	8	7.0	25	Yes	80
1600 271	1.12	187	209	9	7.0	25	Yes	85
1900 281	1.14	187	213	9	7.0	25	Yes	90
1800 291	1.23	187	230	9	6.0	26	Yes	80
1800 301	1.23	187	233	9	6.0	26	Yes	85
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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.dnce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR
 97293-0350