

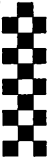
OHA - Drinking Water Services – Turbidity Monitoring Report Form County:
Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: Idanha Water Plant ID #: 00394 WTP: Ida Month/Year: Sept 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		0.01			0.01		0.01
2							0.01
3			0.01				0.01
4							0.01
5		0.01		0.01			0.01
6					0.01		0.01
7	0.01	0.01	0.01	0.01	0.01	0.01	0.01
8		0.01			0.01	0.01	0.01
9			0.01				0.01
10	0.01		0.01		0.01	0.01	0.01
11		0.01		0.01			0.01
12	0.01	0.01	0.01	0.01	0.01		0.01
13		0.01		0.01	0.01		0.01
14		0.01	0.01	0.01		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		0.01
18	0.01					0.01	0.01
19			0.01				0.01
20	0.01	0.01	0.01	0.01	0.01	0.01	0.01
21	0.01	0.01	0.01	0.01	0.01	0.01	0.01
22		0.01			0.01	0.01	0.01
23	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	0.01	0.01	0.01	0.01
29	0.01	0.01	0.01	0.01	0.01		0.01
30	0.01	0.01	0.01	0.01	0.01		0.01
31							

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:	PRINTED NAME: <u>Robert Bruce</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>10-9-24</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.



OHA - Drinking Water Services - Surface Water Quality Data Form

System Name: Idaume Water Plant

ID #: 0039K1 WTP: 1A

Month/Year: Sept 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]
1200 11/	1.09	187	203	12	7	25	yes	85
1200 21/	1.09	187	188	12	7	25	yes	100
1200 31/	.98	187	183	12	7	25	yes	90
1200 41/	.48	187	89	12	7	24	yes	85
1200 51/	.48	187	89	12	7	24	yes	75
1200 61/	.50	187	89	12	7	24	yes	70
1200 71/	.48	187	89	12	7	24	yes	80
1200 81/	.40	187	89	12	7	24	yes	70
1200 91/	1.23	187	226	12	7	25	yes	75
1200 101/	1.34	187	256	12	7	25	yes	80
1200 111/	.75	187	140	12	7	24	yes	80
1200 121/	.89	187	166	12	7	25	yes	90
1200 131/	.89	187	160	12	7	25	yes	70
1200 141/	.87	187	167	12	7	25	yes	70
1200 151/	.87	187	167	12	7	25	yes	75
1200 161/	.79	187	147	12	7	24	yes	90
1200 171/	.86	187	160	12	7	25	yes	90
1200 181/	.86	187	160	12	7	25	yes	80
1200 191/	.86	187	160	12	7	25	yes	80
1200 201/	.86	187	160	12	7	25	yes	100
1200 211/	.86	187	160	12	7	25	yes	100
1200 221/	.86	187	160	12	7	25	yes	100
1200 231/	1.36	187	254	12	7	25	yes	95
1200 241/	1.37	187	296	12	7	25	yes	80
1200 251/	1.26	187	235	12	7	25	yes	90
1200 261/	1.50	187	291	12	7	25	yes	75
1200 271/	1.23	187	226	12	7	25	yes	70
1200 281/	1.56	187	301	12	7	25	yes	70
1200 291/	1.36	187	254	12	7	25	yes	80
1200 301/	1.09	187	203	12	7	25	yes	90
1200 311/							yes	100

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.dmce@oha.oregon.gov, 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR
 97293-0350