

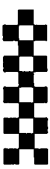
OHA - Drinking Water Services - Turbidity Monitoring Report Form County:
 Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: Idanha Water Dept ID # 00294 WTP: JAW Month/Year: 10/24

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				0.01	0.01		0.01
3		0.01	0.01		0.01		0.01
4		0.01	0.01	0.01	0.01		0.01
5	0.01					0.01	0.01
6			0.01		0.01	0.01	0.01
7					0.01		0.01
8			0.01		0.01		0.01
9				0.01	0.01		0.01
10			0.01				0.01
11							
12				0.01	0.01		0.01
13			0.01		0.01		0.01
14	0.01						0.01
15					0.01		0.01
16				0.01			0.01
17		0.01				0.01	0.01
18					0.01		0.01
19				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					0.01	0.01	0.01
25	0.01	0.01	0.01	0.01			0.01
26			0.01				0.01
27			0.01				0.01
28	0.01	0.01	0.01				0.01
29					0.01		0.01
30	0.01	0.01	0.01	0.01			0.01
31				0.01	0.01		0.01

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 All daily turbidity readings ≤ 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 ≥ 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>11/4/24</u>
		PHONE #: <u>(503) 854-3813</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

Received Time Nov. 4, 2024 1:28PM No. 0622

System Name:

Edanha Water Plant

ID #:

00394/WTP-: JH

Month/Year:

10/24

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]
1900 1/	.81	187	161	12	7	25	YES	85
1900 2/	.86	187	164	12	7	25	YES	90
1900 3/	.88	187	164	12	7	25	YES	90
1700 4/	.81	187	149	12	7	25	YES	80
1700 5/	.85	187	158	12	7	25	YES	85
1700 6/	.82	187	153	12	7	25	YES	70
1700 7/	.47	187	87	12	7	24	YES	75
1500 8/	.58	187	108	12	7	25	YES	75
1500 9/	.97	187	181	12	7	25	YES	75
1500 10/	.97	187	181	12	7	25	YES	100
1800 11/	.96	187	179	12	7	25	YES	80
1800 12/	.86	187	160	12	7	25	YES	90
1900 13/	.76	187	142	12	7	25	YES	95
1900 14/	.84	187	157	12	7	25	YES	70
1700 15/	.86	187	160	12	7	25	YES	75
1700 16/	.88	187	164	12	7	25	YES	80
1700 17/	.81	187	151	12	7	25	YES	80
1500 18/	.76	187	142	12	7	25	YES	75
1500 19/	.80	187	149	12	7	25	YES	75
1500 20/	.82	187	158	12	7	25	YES	75
1500 21/	.88	187	164	12	7	25	YES	80
1700 22/	.81	187	151	12	7	25	YES	85
1800 23/	.80	187	149	12	7	25	YES	80
1800 24/	.82	187	153	12	7	25	YES	80
1900 25/	.85	187	158	12	7	25	YES	80
1900 26/	.85	187	158	12	7	25	YES	90
1900 27/	.60	187	112	12	7	25	YES	100
1900 28/	.85	187	158	12	7	25	YES	95
1700 29/	.84	187	157	12	7	25	YES	90
1700 30/	.60	187	123	12	7	25	YES	80
1700 31/	.69	187	129	12	7	25	YES	75

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