

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

System Name: Idanha water ID #: 0284 WTP: Ida Month/Year: Jan 25

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1		0.01			0.01		0.01
2	0.01		0.01		0.01		0.01
3		0.01		0.01			0.01
4	0.01	0.01	0.01		0.01	0.01	0.01
5	0.01			0.01		0.01	0.01
6		0.01		0.01		0.01	0.01
7	0.01		0.01				0.01
8	0.01	0.01			0.01	0.01	0.01
9	0.01	0.01			0.01	0.01	0.01
10				0.01			0.01
11		0.01		0.01			0.01
12	0.01				0.01		0.01
13				0.01	0.01		0.01
14		0.01	0.01	0.01			0.01
15		0.01		0.01	0.01	0.01	0.01
16		0.01	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		0.01		0.01
21		0.01	0.01				0.01
22		0.01		0.01	0.01	0.01	0.01
23	0.01			0.01	0.01	0.01	0.01
24				0.01	0.01	0.01	0.01
25			0.01	0.01	0.01		0.01
26			0.01	0.01			0.01
27		0.01	0.01		0.01	0.01	0.01
28		0.01				0.01	0.01
29			0.01	0.01		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 <b>Monthly Summary</b> 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Monthly Summary (Answer Yes or No)</b> CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No	
	PRINTED NAME: <u>Robert Bruce</u> SIGNATURE: <u>Robert Bruce</u> DATE: <u>2-6-25</u> PHONE #: <u>(503) 854-313</u> CERT #: <u>7136</u>	

<sup>1</sup> 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. <sup>2</sup> Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

System Name: City of Idanha ID #: 00204 WTP: Jelani Month/Year: Jan 2013

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup> AL	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
9:00 1/	1.2	187	224	7.7	7.3	31	Yes	90
9:00 2/	1.2	187	224	7.7	7.3	31	Yes	95
9:00 3/	1.5	187	280	7.7	7.3	32	Yes	110
9:00 4/	1.2	187	224	7.7	7.3	31	Yes	90
9:00 5/	1.2	187	224	7.7	7.3	31	Yes	95
9:00 6/	0.2	187	3.74	7.7	7.3	—		80
9:00 7/	0.2	187	3.74	7.7	7.3	—		80
9:00 8/	0.5	187	9.85	7.2	7.3	—		85
9:00 9/	1.04	187	194	7.2	7.3	31	Yes	100
10:00 10/	1.13	187	211	7.2	7.3	31	Yes	100
10:00 11/	1.01	187	188	7.2	7.3	31	Yes	100
11:00 12/	.97	187	181	7.3	7.3	30	Yes	100
11:00 13/	1.26	187	235	7.3	7.3	31	Yes	95
11:00 14/	1.08	187	201	7.3	7.3	31	Yes	95
10:00 15/	1.9	187	355	7.3	7.3	33	Yes	95
13:00 16/	1.7	187	317	7.0	7.3	33	Yes	95
17:00 17/	1.3	187	243	7.0	7.3	31	Yes	80
13:00 18/	1.8	187	336	7.0	7.3	33	Yes	100
13:00 19/	1.7	187	317	7.0	7.3	33	Yes	90
13:00 20/	1.0	187	187	7.0	7.3	30	Yes	95
12:00 21/	.90	187	168	7.2	7.3	30	Yes	80
17:00 22/	.98	187	183	7.0	7.3	30	Yes	85
13:00 23/	.94	187	175	7.0	7.3	30	Yes	85
11:00 24/	1.01	187	188	7.2	7.3	31	Yes	85
14:00 25/	.90	187	168	7.1	7.3	30	Yes	85
9:00 26/	1.00	187	187	7.0	7.3	30	Yes	90
9:00 27/	1.9	187	355	7.0	7.3	33	Yes	90
9:00 28/	1.48	187	276	7.0	7.3	32	Yes	100
9:00 29/	1.31	187	244	7.0	7.3	31	Yes	90
10:00 30/	1.8	187	336	7.0	7.3	33	Yes	80
10:00 31/	1.7	187	317	7.0	7.3	33	Yes	80

*Handwritten note:* (circled) 6/7/8

<sup>3</sup> If Cl<sub>2</sub> 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-ait-unfiltered.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-ait-unfiltered.pdf) Revised November 2022

Return by 10<sup>th</sup> of following month by email, fax, or mail to: [dwp.dnce@oha.oregon.gov](mailto:dwp.dnce@oha.oregon.gov); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350