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Certification, Drinking Water Services

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

System Name: City of Idanha ID #: 00394 WTP: A Month/Year: Feb. 2025

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
5					0.01		0.01
6		0.01	0.01				0.01
7		0.01	0.01				0.01
8				0.01	0.01		0.01
9		0.01	0.01		0.01	0.01	0.01
10	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
13			0.01	0.01		0.01	0.01
14	0.01	0.01				0.01	0.01
15	0.01	0.01	0.01				0.01
16		0.01	0.01			0.01	0.01
17	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	0.01
21		0.01	0.01			0.01	0.01
22					0.01		0.01
23	0.01	0.01		0.01	0.01		0.01
24	0.01	0.01		0.01		0.01	0.01
25	0.01		0.01			0.01	0.01
26			0.01	0.01	0.01		0.01
27	0.01	0.01			0.01		0.01
28			0.01				0.01
29							
30							
31							

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary		Monthly Summary (Answer Yes or No)	
	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	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	
Notes:	PRINTED NAME: <u>Robert Bruce</u>		DATE: <u>3/4/25</u>	
	SIGNATURE: <u>Robert Bruce</u>		CERT #: <u>7136</u>	
	PHONE #: <u>503 1 854-3313</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-DWS

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Certification Drinking Water Services

Disinfection Monthly Operating Report

System Name: City of Idanha

PWS ID#: 41 - 00394

Plant ID: WTP - A

Log Inactivation Required via Disinfection

Day	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) * [mg/L = ppm]	Contact Time (T) [minutes]	Actual CT C x T (Formula)	Temp [° C]	pH	Required CT (Formula)	CT Met? * [Yes / No] (Formula)	Peak Hourly Demand Flow [GPM]	Notes (e.g. "Plant Off")
11 1	1.7	187	317	6.9	7.4	33	Yes	65	
13 2	1.91	187	170	6.1	7.3	30	Yes	65	
13 3	1.8	187	336	7.4	7.3	33	Yes	70	
11 4	1.21	187	226	7.4	7.4	31	Yes	85	
16 5	1.35	187	252	7.3	7.4	31	Yes	85	
11 6	1.94	187	175	7.2	7.4	29	Yes	80	
13 7	1.99	187	185	7.2	7.4	29	Yes	75	
11 8	1.18	187	220	7.0	7.4	31	Yes	80	
10 9	1.21	187	226	7.3	7.4	31	Yes	80	
17 10	1.16	187	216	7.3	7.4	30	Yes	90	
13 11	1.8	187	164	6.7	7.4	29	Yes	100	
12 12	1.90	187	168	6.4	7.4	29	Yes	100	
12 13	1.94	187	175	6.4	7.4	29	Yes	65	
14 14	1.17	187	218	6.4	7.4	30	Yes	75	
14 15	1.70	187	317	6.1	7.4	32	Yes	70	
10 16	1.50	187	280	6.1	7.4	31	Yes	65	
9 17	1.08	187	201	7.0	7.5	30	Yes	60	
14 18	1.16	187	216	7.0	7.4	30	Yes	65	
12 19	1.33	187	248	7.0	7.5	31	Yes	90	
9 20	1.15	187	215	7.3	7.4	30	Yes	90	
10 21	1.16	187	216	7.1	7.4	30	Yes	100	
11 22	1.16	187	216	7.1	7.5	30	Yes	90	
12 23	1.16	187	216	7.1	7.2	30	Yes	80	
12 24	1.68	187	127	7.3	7.3	29	Yes	80	
17 25	1.50	187	280	7.1	7.2	31	Yes	80	
17 26	1.49	187	278	7.3	7.4	31	Yes	80	
17 27	1.24	187	231	7.4	7.4	31	Yes	65	
9 28	1.24	187	231	7.4	7.4	31	Yes	65	
29									
30									
31									

\* If chlorine concentration at entry point < 0.2 mg/L, or CT not met, notify DWS within 24 hours.

Submit this monthly report by the 10<sup>th</sup> of following month by

mail: Drinking Water Services  
PO Box 14350  
Portland, OR 97293-0350  
email: [dwp\\_dmce@odhsoha.oregon.gov](mailto:dwp_dmce@odhsoha.oregon.gov)  
fax: 971-673-0458