

UMA - 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-: *JAN* Month/Year: *2021*

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							
3		0.01			0.01		0.01
4							
5	0.01				0.01		0.01
6						0.01	0.01
7					0.01		0.01
8						0.01	0.01
9							
10		0.01			0.01		0.01
11							
12	0.01						0.01
13	0.01				0.01		0.01
14							
15					0.01		0.01
16							
17					0.01		0.01
18				0.01			0.01
19							
20					0.01		0.01
21							
22	0.01						0.01
23							
24		0.01			0.01		0.01
25							
26		0.01					0.01
27				0.01			0.01
28							
29		0.01					0.01
30					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: <i>Robert Bruce</i>	
	SIGNATURE: <i>Robert Bruce</i>	DATE: <i>2-5-21</i>
	PHONE #: <i>(503) 854-3313</i>	CERT #: <i>7136</i>

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 Program - Surface Water Quality Data Form - Giardia Inactivation

Name: Idanha City Water

ID #41: 00394 WTP-: Month/Year:

Log Requirement
(Circle One): (0.5) 1.0

WTP-A Jan 2021

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]
1/16/15	.80	187	150	7.4	7.80	3.0	YES	75
2/1/600	.83	187	155	7.3	7.77	3.0	YES	70
3/1/530	.84	187	157	7.3	7.79	3.0	YES	80
4/1/640	.85	187	159	7.4	7.80	3.0	YES	70
5/1/600	.84	187	161	7.4	7.79	3.0	YES	80
6/1/640	.86	187	161	7.5	7.78	3.0	YES	85
7/1/600	.85	187	159	7.4	7.80	3.0	YES	70
8/1/640	.85	187	159	7.3	7.81	3.0	YES	75
9/1/600	.86	187	161	7.1	7.81	3.1	YES	80
10/1/620	.87	187	163	7.0	7.83	3.1	YES	70
11/1/630	.88	187	165	7.0	7.81	3.1	YES	75
12/1/615	.88	187	165	7.1	7.79	3.1	YES	70
13/1/530	.87	187	163	7.0	7.80	3.1	YES	70
14/1/700	.87	187	163	7.0	7.79	3.1	YES	80
15/1/730	.86	187	161	7.1	7.79	3.0	YES	76
16/1/630	.85	187	159	7.2	7.80	3.0	YES	70
17/1/600	.87	187	163	7.3	7.77	3.0	YES	70
18/1/750	.85	187	159	7.4	7.81	3.0	YES	80
19/1/700	.84	187	157	7.3	7.80	3.0	YES	75
20/1/620	.82	187	153	7.2	7.80	3.0	YES	80
21/1/630	.83	187	155	7.2	7.81	3.0	YES	70
22/1/700	.84	187	157	7.3	7.79	3.0	YES	75
23/1/600	.82	187	153	6.9	7.78	3.1	YES	76
24/1/735	.79	187	148	6.6	7.77	3.1	YES	70
25/1/430	.80	187	150	7.5	7.81	3.0	YES	75
26/1/600	.80	187	150	7.4	7.80	3.0	YES	80
27/1/630	.79	187	148	7.3	7.80	3.0	YES	70
28/1/700	.78	187	146	7.2	7.81	3.0	YES	70
29/1/600	.77	187	144	7.2	7.82	3.0	YES	75
30/1/500	.81	187	151	7.6	7.80	2.9	YES	75
31/1/445	.87	187	163	8.0	7.81	2.9	YES	70

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours

Revised September 2016

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdfReturn by 10th of following month by email, fax, or mail to:

dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350