

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

System Name: CITY OF IDANNA ID #: 00394 WTP:- Month/Year: MARCH 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
4					0.01	0.01	0.01
5							
6	0.01	0.01					0.01
7							
8	0.01	0.01					0.01
9							
10				0.01	0.01		0.01
11							
12	0.01						0.01
13							
14	0.01						0.01
15		0.01					0.01
16		0.01					0.01
17		0.01					0.01
18		0.01	0.01				0.01
19			0.01				0.01
20			0.01				0.01
21		0.01	0.01				0.01
22		0.01					0.01
23		0.01					0.01
24	0.01						0.01
25	0.01						0.01
26		0.01					0.01
27		0.01					0.01
28		0.01					0.01
29	0.01						0.01
30	0.01						0.01
31	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
Notes:	PRINTED NAME: <u>Robert Bruce</u>	
	SIGNATURE: <u>R Bruce</u>	DATE: <u>4-7-21</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 Program - Surface Water Quality Data Form - Giardia Inactivation

Name: Idanha City Water

ID #41: 00394 WTP-: Month/Year: WTP-A March 2021

Log Requirement (Circle One): 0.5 1.0

Date / Time	Minimum Cl ₂ Residual at 1st 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]
1/1145	.94	187	176	7.0	7.8	3.1	yes	80
2/1000	.93	187	174	7.1	7.7	3.0	yes	75
3/1030	.93	187	174	7.1	7.7	3.0	yes	75
4/1120	.98	187	183	7.1	7.7	3.0	yes	80
5/1530	1.13	187	211	7.1	7.7	3.0	yes	90
6/1000	1.09	187	204	7.4	7.7	3.0	yes	90
7/1000	1.08	187	202	7.8	7.8	3.0	yes	85
8/0900	1.05	187	196	7.7	7.8	3.0	yes	95
9/1000	1.03	187	193	7.9	7.7	2.9	yes	90
10/1020	1.01	187	189	8.0	7.8	2.9	yes	90
11/1600	1.19	187	223	8.2	7.8	3.0	yes	95
12/1550	1.13	187	211	7.9	7.7	2.9	yes	90
13/0945	1.10	187	206	7.9	7.8	3.0	yes	95
14/1015	1.18	187	121	8.0	7.8	3.0	yes	95
15/1600	1.24	187	232	8.0	7.7	2.9	yes	90
16/1620	1.25	187	234	8.2	7.8	3.0	yes	95
17/1610	1.25	187	234	8.2	7.8	3.0	yes	95
18/1525	1.25	187	234	8.0	7.8	3.0	yes	85
19/1600	1.20	187	224	8.1	7.8	3.0	yes	90
20/1130	1.18	187	221	8.2	7.8	2.9	yes	80
21/1730	1.18	187	221	8.5	7.8	2.9	yes	85
22/1615	1.07	187	200	8.5	7.7	2.8	yes	80
23/1720	1.06	187	198	8.7	7.7	2.7	yes	90
24/1545	1.03	187	193	9.0	7.7	2.6	yes	90
25/1630	1.03	187	193	9.0	7.7	2.6	yes	80
26/1700	1.01	187	189	9.1	7.7	2.6	yes	85
27/1415	.97	187	181	9.2	7.7	2.6	yes	85
28/1500	.96	187	180	9.3	7.7	2.6	yes	90
29/0830	.95	187	178	9.3	7.7	2.6	yes	85
30/0800	.95	187	178	9.4	7.7	2.6	yes	85
31/0915	.95	187	178	9.4	7.7	2.6	yes	80

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/Health/Environments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf

Return by 10th of following month by email, fax, or mail to:
 dwp.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350