

System Name: City of Danha ID#: 00394 WTP:- Month/Year: April 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			
2				0.01			
3					0.01		
4					0.01		
5			0.01				
6				0.01			
7				0.01			
8					0.01		
9						0.01	
10						0.01	
11				0.01			
12				0.01			
13				0.01			
14						0.01	
15					0.01		
16					0.01		
17							
18							
19							
20							
21							
22						0.01	
23				0.01		0.01	
24				0.01			
25					0.01		
26					0.01		
27				0.01			
28				0.01			
29			0.01				
30			0.01				
31							

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary 95% of dally turbidity readings ≤ 1 NTU? ² <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All dally turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:	PRINTED NAME: <u>Robert Bruce</u>	
	SIGNATURE: <u>Robert Bruce</u>	DATE: <u>4-5-21</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 #A1: 0039Y WTP-; Month/Year:

Log Requirement (Circle One): 0.5 1.0

WTP-A APRIL 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]
1/1600	.95	187	178	9.0	7.7	2.6	YES	85
2/1600	.85	187	159	9.5	7.7	2.5	YES	95
3/1200	.85	187	159	9.7	7.7	2.5	YES	95
4/1240	.90	187	168	10.0	7.7	2.4	YES	90
5/1815	.84	187	157	10.0	7.7	2.4	YES	90
6/1910	.85	187	159	10.1	7.7	2.4	YES	95
7/1600	.86	187	161	10.1	7.8	2.5	YES	90
8/1515	.86	187	161	9.7	7.7	2.5	YES	85
9/1245	.85	187	159	10.0	7.7	2.4	YES	80
10/1200	.86	187	161	10.1	7.7	2.4	YES	95
11/1245	.86	187	161	10.2	7.7	2.4	YES	90
12/1600	.96	187	180	10.1	7.7	2.4	YES	95
13/1815	.95	187	178	10.2	7.7	2.4	YES	90
14/1220	.96	187	180	10.2	7.7	2.4	YES	95
15/1600	.96	187	180	9.8	7.7	2.5	YES	95
16/1700	.96	187	180	9.8	7.7	2.5	YES	90
17/0900	1.05	187	196	9.9	7.7	2.5	YES	95
18/0900	1.10	187	206	9.9	7.7	2.5	YES	95
19/1330	1.10	187	206	10.3	7.7	2.4	YES	90
20/1400	1.10	187	206	10.5	7.7	2.4	YES	95
21/1145	1.10	187	206	10.6	7.7	2.4	YES	100
22/0900	1.11	187	208	10.5	7.7	2.4	YES	95
23/0945	.96	187	180	10.6	7.7	2.4	YES	90
24/1000	.95	187	178	10.6	7.7	2.4	YES	95
25/1645	.94	187	176	10.7	7.7	2.3	YES	80
26/1500	.84	187	157	11.0	7.6	2.2	YES	90
27/1300	.83	187	155	11.2	7.6	2.2	YES	95
28/1400	.82	187	153	11.2	7.6	2.2	YES	90
29/1500	.82	187	153	11.1	7.6	2.2	YES	95
30/1830	.80	187	150	11.4	7.6	2.1	YES	90
31/								

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.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