

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

System Name: I Danna City water ID #: 00394 WTP-: A Month/Year: June 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	0.01
2			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
7				0.01			0.01
8					0.01		0.01
9					0.01		0.01
10					0.01		0.01
11							
12	0.01						0.01
13		0.01					0.01
14			0.01		0.01		0.01
15					0.01		0.01
16					0.01		0.01
17					0.01		0.01
18			0.01				0.01
19		0.01		0.01			0.01
20			0.01	0.01			0.01
21					0.01		0.01
22			0.01		0.01		0.01
23				0.01			0.01
24		0.01			0.01		0.01
25				0.01			0.01
26		0.01			0.01		0.01
27				0.01			0.01
28				0.01	0.01		0.01
29					0.01		0.01
30				0.01	0.01		0.01
31							

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="checkbox"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No		CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
Notes:		PRINTED NAME: <u>Robert Bruce</u>	
		SIGNATURE: <u>Robert Bruce</u>	DATE: <u>7-7-21</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: 21
 WTP-A June

Log Requirement
 (Circle One): (0.5) 1.0

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	.81	187	151	13.5	7.3	16.5	Yes	90
2/0845	.82	187	153	13.5	7.3	16.5	Yes	110
3/1720	.80	187	150	13.5	7.3	16.4	Yes	120
4/1515	.82	187	153	13.6	7.3	16.4	Yes	125
5/1600	.83	187	155	13.6	7.3	16.4	Yes	100
6/1740	.82	187	153	13.6	7.3	16.4	Yes	90
7/1030	.84	187	157	14.2	7.4	16.4	Yes	90
8/1715	.85	187	159	14.0	7.3	16.0	Yes	80
9/1600	.85	187	159	14.1	7.3	15.9	Yes	80
10/1615	.84	187	157	14.3	7.3	15.7	Yes	75
11/0900	.85	187	159	14.3	7.4	16.3	Yes	80
12/0900	.89	187	166	14.1	7.4	16.6	Yes	90
13/1600	.91	187	170	15.2	7.3	14.9	Yes	90
14/1700	.84	187	157	15.0	7.4	15.5	Yes	90
15/1600	.77	187	144	15.1	7.3	14.7	Yes	80
16/1615	.77	187	144	15.2	7.3	14.6	Yes	85
17/1600	.77	187	144	15.3	7.3	14.5	Yes	95
18/0900	.77	187	144	15.5	7.3	14.3	Yes	90
19/1230	.81	187	151	15.5	7.3	14.4	Yes	100
20/1245	.82	187	153	15.6	7.3	14.3	Yes	110
21/1445	.84	187	157	15.8	7.3	14.2	Yes	100
22/1600	.85	187	159	15.9	7.3	14.1	Yes	110
23/1818	.95	187	178	15.8	7.2	13.8	Yes	100
24/1530	.82	187	153	15.9	7.3	14.0	Yes	110
25/1500	.78	187	146	16.0	7.3	13.9	Yes	100
26/1730	.76	187	142	15.8	7.3	14.0	Yes	110
27/0945	.76	187	142	16.0	7.3	13.9	Yes	110
28/1030	.76	187	142	16.5	7.3	13.4	Yes	110
29/1630	.65	187	122	16.9	7.3	12.9	Yes	120
30/1540	.64	187	120	17.0	7.2	12.3	Yes	130
31/								

³ If Cl₂ 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-conv-direct.pdf
 Revised September 2016

Return 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