

g 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: OCT 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			0.01				0.01
3					0.01		0.01
4					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					0.01		0.01
12					0.01		0.01
13					0.01		0.01
14					0.01		0.01
15					0.01		0.01
16						0.01	0.01
17							—
18					0.01		0.01
19				0.01			0.01
20							0.01
21					0.01		0.01
22						0.01	0.01
23						0.01	0.01
24		0.01					—
25				0.01			0.01
26						0.01	0.01
27						0.01	0.01
28		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	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
Notes:		PRINTED NAME: <u>Robert Bruce</u>	
		SIGNATURE: <u>Robert Bruce</u>	DATE: <u>11-4-21</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: CITY OF Idanha

ID #41: 00594WTP-X Month/Year: OCT 2021

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]
1/1430	.81	187	151	14.3	7.6	1.7	yes	90
2/0800	.83	187	155	13.2	7.6	1.9	yes	100
3/0830	.82	187	153	13.1	7.6	1.9	yes	100
4/1630	.82	187	153	13.8	7.7	1.9	yes	85
5/1450	.81	187	151	13.2	7.7	1.9	yes	90
6/1230	.82	187	153	12.8	7.6	1.9	yes	100
7/1650	.82	187	153	12.4	7.7	2.0	yes	90
8/1540	.79	187	148	12.4	7.7	2.1	yes	100
9/1500	.79	187	148	11.0	7.7	2.3	yes	110
10/0800	.79	187	148	10.4	7.7	2.3	yes	120
11/1545	.77	187	144	11.3	7.7	2.2	yes	100
12/1545	.76	187	142	10.9	7.7	2.3	yes	90
13/1230	.77	187	144	11.0	7.7	2.2	yes	90
14/1710	.78	187	146	11.1	7.7	2.2	yes	85
15/1350	.78	187	146	11.2	7.7	2.2	yes	80
16/0800	.78	187	146	11.2	7.7	2.2	yes	100
17/1330	.78	187	146	11.1	7.7	2.2	yes	110
18/1620	.79	187	148	10.6	7.7	2.3	yes	85
19/1250	.80	187	150	10.4	7.7	2.3	yes	90
20/1600	.79	187	148	10.6	7.7	2.3	yes	90
21/1630	.81	187	151	10.8	7.7	2.3	yes	85
22/1545	.78	187	146	10.6	7.7	2.3	yes	85
23/1200	.79	187	148	10.7	7.7	2.3	yes	100
24/1230	.80	187	150	10.6	7.7	2.3	yes	90
25/1500	.82	187	153	10.3	7.7	2.4	yes	80
26/1600	.82	187	153	10.4	7.7	2.4	yes	90
27/1100	.81	187	151	10.6	7.7	2.3	yes	100
28/1130	.81	187	151	10.7	7.7	2.3	yes	100
29/1130	.81	187	151	10.4	7.7	2.4	yes	120
30/0900	.81	187	151	10.6	7.7	2.3	yes	100
31/0930	.89	187	166	10.2	7.6	2.3	yes	120

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