

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

System Name: City of Ioanha ID #: 00344 WTP: A Month/Year: Feb 2022

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1			0.01				0.01
2					0.01		0.01
3							
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	0.01	0.01	0.01
12	0.01	0.01	0.01				0.01
13							0.01
14				0.01	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					0.01
21			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		0.01
28					0.01		0.01
29							0.01
30							
31							

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
<b>Monthly Summary</b>			
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No			
Notes:		PRINTED NAME: <u>Robert Bruce</u>	
		SIGNATURE: <u>Robert Bruce</u> DATE: <u>3-3-22</u>	
		PHONE #: <u>(503) 854-3313</u> CERT #: <u>7136</u>	

<sup>1</sup> 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. <sup>2</sup> Filtered systems only.

**OHA - Drinking Water Program - Surface Water Quality Data Form - Giardia Inactivation**

Name: CITY OF IDANNA ID #41: 00394 WTP: A Month/Year: Feb 2022 Log Requirement (Circle One): (0.5) 1.0

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[° C]		Use tables	Yes / No	[GPM]
1/1830	.87	187	163	4.3	7.5	42	Yes	90
2/1900	.89	187	166	4.3	7.5	42	Yes	60
3/1700	.98	187	183	4.3	7.5	42	Yes	80
4/1030	1.00	187	187	4.3	7.5	42	Yes	100
5/1100	.90	187	168	4.5	7.5	42	Yes	95
6/1200	.79	187	148	4.9	7.5	41	Yes	90
7/1630	.66	187	123	5.0	7.5	29	Yes	95
8/1630	.61	187	114	4.8	7.5	41	Yes	90
9/1630	.65	187	122	5.1	7.5	29	Yes	100
10/800	.69	187	129	5.1	7.5	29	Yes	160
11/1100	.77	187	144	5.3	7.6	35	Yes	90
12/1600	.73	187	137	5.7	7.5	29	Yes	90
13/1200	.74	187	138	5.8	7.5	29	Yes	96
14/1600	.60	187	112	5.8	7.5	<del>29</del> 29	Yes	95
15/1830	.65	187	122	5.4	7.5	29	Yes	90
16/0830	.67	187	125	5.5	7.5	29	Yes	100
17/1100	.66	187	123	5.4	7.5	29	Yes	90
18/1200	.66	187	123	5.2	7.5	29	Yes	100
19/1300	.68	187	127	5.3	7.5	29	Yes	170
20/1500	.67	187	125	5.4	7.5	29	Yes	95
21/1100	.65	187	122	5.4	7.5	29	Yes	85
22/1200	.67	187	125	5.5	7.5	29	Yes	95
23/1300	.67	187	125	5.4	7.5	29	Yes	100
24/1615	.86	187	161	4.7	7.5	42	Yes	90
25/1600	.86	187	161	4.8	7.5	42	Yes	100
26/1300	.86	187	161	4.7	7.5	42	Yes	95
27/1530	.85	187	159	4.7	7.5	42	Yes	100
28/1600	.84	187	157	4.8	7.5	42	Yes	100
29/								
30/								
31/								

<sup>3</sup> If Cl<sub>2</sub> 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](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf) Revised September 2016

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