

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

System Name: Idanha city water ID #: 00394 WTP-: A Month/Year: April 2022

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	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
15	0.01						0.01
16				0.01			0.01
17							0.01
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
24	0.01					0.01	0.01
25							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

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
Monthly Summary			
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>5-4-22</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 DANHA**

ID #41: **00394**

WTP: **A** Month/Year: **APRIL 2022**

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]
1/1600	.90	187	168	9.2	7.5	30	yes	85
2/2000	.89	187	166	9.0	7.7	36	yes	100
3/2030	.89	187	166	8.9	7.7	36	yes	90
4/2000	.89	187	166	8.9	7.6	36	yes	100
5/1900	.98	187	183	8.7	7.5	30	yes	90
6/1900	.86	187	161	8.5	7.6	36	yes	85
7/1715	.84	187	157	8.6	7.6	36	yes	85
8/1630	.83	187	155	8.8	7.5	30	yes	90
9/2000	.84	187	157	8.8	7.7	36	yes	100
10/2160	.86	187	161	8.6	7.7	36	yes	90
11/1620	.78	187	146	8.5	7.7	35	yes	95
12/1615	.77	187	144	8.5	7.7	35	yes	100
13/1500	.76	187	142	7.1	7.7	35	yes	95
14/1100	.76	187	142	7.1	7.7	35	yes	100
15/1200	.75	187	146	8.5	7.7	35	yes	100
16/1300	.77	187	144	8.5	7.7	35	yes	100
17/1800	.76	187	142	7.1	7.7	35	yes	100
18/2000	.76	187	142	7.7	7.7	35	yes	100
19/1900	.97	187	181	7.8	7.6	36	yes	95
20/2000	.76	187	142	7.7	7.7	35	yes	90
21/2200	.76	187	142	7.8	7.6	35	yes	85
22/1620	.72	187	135	7.8	7.5	29	yes	95
23/2130	.71	187	133	7.7	7.7	35	yes	90
24/2000	.72	187	135	7.6	7.5	29	yes	100
25/1530	.76	187	142	7.7	7.7	35	yes	80
26/1610	.68	187	127	7.9	7.6	35	yes	85
27/1940	.67	187	125	7.9	7.6	35	yes	95
28/2130	.66	187	123	7.9	7.7	35	yes	90
29/1620	.64	187	120	8.2	7.6	35	yes	85
30/1800	.64	187	120	8.2	7.6	35	yes	85
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.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350