

OHA - Drinking Water Services - Turbidity Monitoring Report  
Conventional or Direct Filtration

County: Linn

Name: Iowa City Water

ID #41: 00304

WTP: WTP-A Month/Year: June 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							
2						0.01	0.01
3		0.01					
4							0.01
5					0.01		0.01
6			0.01				
7							0.01
8						0.01	0.01
9							
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							
17			0.01		0.01		0.01
18			0.01		0.01		
19							
20			0.01		0.01		0.01
21		0.01					
22				0.01			0.01
23							0.01
24	0.01						
25							0.01
26						0.01	0.01
27					0.01	0.01	0.01
28				0.01			0.01
29							0.01
30						0.01	0.01
31					0.01		0.01

Conventional or Direct Filtration <u>Membrane</u>		Monthly Summary (Answer Yes or No)	
Monthly Summary 95% of the 4-hour turbidity readings $\leq 0.1$ NTU? <u>Yes/No</u> All the 4-hour turbidity readings $\leq 3$ NTU? <u>Yes/No</u> All turbidity readings < IFE <sup>2</sup> triggers? <u>Yes/No</u> <sup>2</sup>		CT's met everyday? (see back) <u>Yes/No</u>	All Cl <sub>2</sub> residuals at entry point $\geq 0.2$ mg/l? <u>Yes/No</u>
Notes:		PRINTED NAME: <u>Robert Bruce</u>	SIGNATURE: <u>[Signature]</u>
		PHONE #: <u>(503) 864-3313</u>	DATE: <u>7-7-22</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> IFE = IndMd. Filter Eff. (OAR 333-061-0040(1)(d)(B&C))

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

Name: Idanha City Water

ID #41: 00394 WTP: Month/Year:  
WTP-A

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]
1/2300	.62	187	115	9.7	7.3	29	Yes	90
2/2000	.52	187	97	9.7	7.3	29	Yes	95
3/1900	.62	187	115	9.7	7.3	29	Yes	80
4/1900	.68	187	127	9.7	7.3	29	Yes	100
5/1800	.72	187	134	9.7	7.3	29	Yes	90
6/1900	.72	187	134	9.6	7.3	29	Yes	95
7/2000	.54	187	104	12.5	7.3	21	Yes	90
8/1800	.52	187	97	12.6	7.2	21	Yes	89
9/1700	.56	187	104	13.5	7.3	21	Yes	80
10/1700	.56	187	93	13.2	7.3	21	Yes	90
11/1800	1.56	187	291	13.5	7.2	24	Yes	95
12/2000	1.52	187	284	15.8	7.2	24	Yes	100
13/2000	1.63	187	304	15.6	7.3	25	Yes	90
14/2000	.94	187	168	15.8	7.2	22	Yes	100
15/1900	.96	187	168	15.8	7.2	22	Yes	90
16/2000	.72	187	134	14.4	7.2	22	Yes	80
17/1800	.74	187	138	14.4	7.2	22	Yes	100
18/1900	.74	187	138	14.4	7.2	22	Yes	80
19/2000	.80	187	149	14.4	7.3	22	Yes	95
20/2100	1.63	187	304	14.4	7.3	25	Yes	80
21/1800	1.86	187	347	14.2	7.1	25	Yes	90
22/1700	2.00	187	374	14.4	7.2	25	Yes	100
23/1800	2.10	187	392	14.4	7.2	26	Yes	95
24/2000	2.14	187	400	14.4	7.2	26	Yes	85
25/1900	1.61	187	301	14.5	7.2	25	Yes	80
26/1400	1.63	187	304	14.5	7.2	25	Yes	100
27/1900	1.31	187	244	14.3	7.2	23	Yes	95
28/2000	1.64	187	306	14.2	7.2	25	Yes	80
29/1700	1.82	187	340	14.6	7.1	25	Yes	95
30/1900	1.43	187	267	14.3	7.2	24	Yes	100
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.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350