

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

System Name: CITY OF Idanna ID #: 00394 WTP-: A Month/Year: AUG 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			0.01
2				0.01	0.01		0.01
3				0.01	0.01		0.01
4				0.01	0.01	0.01	0.01
5					0.01	0.01	0.01
6				0.01			0.01
7			0.01	0.01		0.01	0.01
8						0.01	0.01
9						0.01	0.01
10	0.01	0.01	0.01	0.01	0.01	0.01	0.01
11	0.01						0.01
12	0.01					0.01	0.01
13							
14			0.01	0.01		0.01	0.01
15					0.01	0.01	0.01
16			0.01	0.01		0.01	0.01
17							
18					0.01		0.01
19				0.01			0.01
20		0.01					0.01
21							
22				0.01			0.01
23		0.01	0.01				0.01
24						0.01	0.01
25							
26		0.01		0.01			0.01
27	0.01						0.01
28							0.01
29				0.01			0.01
30			0.01		0.01		0.01
31			0.01		0.01		0.01

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No
Notes:	PRINTED NAME: <u>Robert Bruce</u>	
	SIGNATURE: <u>Robert Bruce</u>	DATE: <u>9-4-22</u>
	PHONE #: <u>(803) 854-3313</u>	CERT #: <u>7130</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 Idantia ID #41: 00394 WTP: A Month/Year: Aug 2022 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]
1/2000	1.14	182	207	12.5	7.3	23	YES	100
2/1700	1.14	182	207	12.6	7.3	23	YES	85
3/1800	.98	182	178	12.5	7.2	22	YES	95
4/2000	.99	182	180	12.7	7.3	22	YES	100
5/2100	.91	182	166	13.5	7.3	22	YES	80
6/1100	.95	182	173	13.5	7.3	22	YES	100
7/1900	.91	182	166	13.0	7.2	22	YES	90
8/2100	.93	182	163	13.0	7.2	22	YES	100
9/1930	.94	182	171	14.0	7.2	22	YES	100
10/1320	.93	182	163	14.8	7.3	22	YES	95
11/0800	.91	182	166	13.6	7.3	22	YES	90
12/1600	.92	182	167	13.7	7.3	22	YES	100
13/1840	.95	182	173	13.0	7.3	22	YES	100
14/2000	.90	182	164	13.9	7.3	22	YES	110
15/1420	.89	182	162	13.6	7.3	22	YES	100
16/1700	.87	182	158	13.2	7.2	22	YES	90
17/1930	.85	182	155	13.4	7.2	22	YES	85
18/2120	.87	182	158	12.4	7.2	22	YES	100
19/1500	.87	182	158	13.3	7.3	22	YES	110
20/1815	.84	182	153	13.6	7.3	22	YES	100
21/1600	.82	182	149	13.9	7.3	22	YES	80
22/1915	.80	182	146	14.9	7.4	22	YES	85
23/2000	.83	182	151	14.1	7.4	22	YES	85
24/1600	.87	182	158	15.6	7.3	15	YES	90
25/1830	.90	182	164	15.8	7.3	15	YES	90
26/1945	.91	182	166	15.0	7.3	15	YES	95
27/1045	.91	182	166	15.3	7.4	15	YES	80
28/1800	.90	182	164	16.0	7.3	15	YES	100
29/1700	.88	182	160	16.4	7.3	15	YES	85
30/1810	.87	182	158	16.3	7.3	15	YES	90
31/1930	.88	182	160	16.6	7.3	15	YES	95

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