

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

System Name: Jdanha Sept ID #: 00394/WTP-: A Month/Year: 2022
SEPT

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			
2	0.01						0.01
3			0.01				0.01
4	0.01	0.01	0.01	0.01	0.01	0.01	0.01
5	0.01	0.01	0.01	0.01	0.01	0.01	0.01
6	0.01	0.01					0.01
7	0.01						0.01
8	0.01						0.01
9			0.01			0.01	0.01
10	0.01				0.01		0.01
11	0.01						0.01
12			0.01				0.01
13	0.01						0.01
14	0.01					0.01	0.01
15	0.01						0.01
16	0.01	0.01	0.01	0.01	0.01	0.01	0.01
17	0.01	0.01	0.01		0.01	0.01	0.01
18							0.01
19		0.01					-
20							0.01
21			0.01			0.01	0.01
22							0.01
23							-
24							-
25							-
26							-
27	0.01	0.01			0.01	0.01	0.01
28							0.01
29					0.01		0.01
30							-
31	0.01	0.01	0.01	0.01	0.01	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>10-5-22</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.

UMA - Drinking Water Program - Surface Water Quality Data Form - Giardia Inactivation

Name: **Idanha City Water**

ID #41: **00394** WTP: **A** Month/Year: **SEPT 2022**

Log Requirement (Circle One): **U.S.** 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]
1/1900	.60	187	112	18.6	7.2	14	YES	100
2/1000	.60	187	112	18.7	7.2	14	YES	90
3/2100	.60	187	112	18.7	7.2	14	YES	95
4/2000	.62	187	110	18.8	7.2	15	YES	90
5/2100	.63	187	118	18.6	7.2	15	YES	80
6/2100	.60	187	112	18.6	7.2	14	YES	75
7/1800	.60	187	112	18.4	7.2	14	YES	70
8/1900	.67	187	129	18.3	7.3	15	YES	70
9/1600	.65	187	122	18.0	7.3	15	YES	65
10/2100	.62	187	116	17.8	7.2	15	YES	65
11/1900	.79	187	148	17.8	7.2	15	YES	70
12/2000	.82	187	153	17.6	7.2	15	YES	75
13/1930	.86	187	161	17.3	7.2	15	YES	60
14/1130	.72	187	135	17.0	7.2	15	YES	60
15/2100	.72	187	135	17.1	7.2	15	YES	65
16/1520	.78	187	146	17.2	7.2	15	YES	50
17/1600	.82	187	153	17.3	7.2	15	YES	55
18/1900	.80	187	150	17.3	7.3	15	YES	65
19/2020	.74	187	138	16.5	7.3	15	YES	70
20/1600	.74	187	138	16.4	7.3	15	YES	70
21/1800	.73	187	137	16.0	7.2	15	YES	65
22/1530	.73	187	137	16.1	7.2	15	YES	55
23/1720	.61	187	114	15.8	7.2	15	YES	50
24/1800	.62	187	116	15.6	7.2	15	YES	50
25/1930	.62	187	116	15.3	7.2	15	YES	60
26/1600	.75	187	140	15.5	7.2	15	YES	65
27/1900	.25	187	140	15.4	7.2	15	YES	75
28/1515	.71	187	133	15.5	7.2	15	YES	70
29/1300	.73	187	137	16.0	7.2	15	YES	65
30/1900	.77	187	144	15.9	7.2	15	YES	65
31/								

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