

System Name: City IDANHA

ID #: 00394 WTP: A

Month/Year: OCT 22

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	0.01	0.01	0.01	0.01
2							
3		0.01	0.01				0.01
4							
5	0.01	0.01	0.01				0.01
6				0.01			0.01
7							
8							
9							
10						0.01	0.01
11						0.01	0.01
12					0.01		0.01
13							
14					0.01		0.01
15							
16				0.01			0.01
17			0.01				0.01
18			0.01				0.01
19					0.01		0.01
20					0.01	0.01	0.01
21							
22						0.01	0.01
23					0.01		0.01
24					0.01	0.01	0.01
25							
26						0.01	0.01
27							
28						0.01	0.01
29						0.01	0.01
30						0.01	0.01
31	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="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <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 ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:		PRINTED NAME: <u>Robert Bruce</u>	
		SIGNATURE: <u>[Signature]</u>	
		DATE: <u>11-7-22</u>	CERT #: <u>7136</u>
		PHONE #: <u>(503) 800-1225</u>	

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: Idanha City Water

ID #41: 00394 WTP: Month/Year:

Log Requirement (Circle One): (0.5) 1.0

WTP-A 10-2022

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ^a	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]
11/1350	.71	187	132.7	10.7	7.2	22	yes	86
21/1300	.71	187	132.7	10.7	7.2	22	yes	90
31/1600	.74	187	138.3	10.7	7.2	22	yes	100
41/1400	.76	187	142.1	14.5	7.2	22	yes	110
51/1630	1.13	187	211.3	14.5	7.2	23	yes	100
61/230	1.03	187	192.6	15.3	7.2	15	yes	95
71/260	1.02	187	190.7	14.3	7.2	23	yes	85
81/1900	1.20	187	224.4	14.3	7.2	23	yes	80
91/190	1.23	187	230.0	14.3	7.2	23	yes	75
101/1860	1.39	187	259.9	15	7.2	16	yes	80
111/1900	1.39	187	259.9	15	7.2	16	yes	75
121/2000	1.13	187	211.3	13	7.2	23	yes	80
131/2000	1.03	187	192.6	13	7.2	23	yes	80
141/2000	1.10	187	205.7	13	7.2	23	yes	70
15/1900	1.03	187	192.6	13	7.2	23	yes	75
16/1900	1.08	187	209.9	13	7.2	23	yes	90
17/1900	1.15	187	215.0	13	7.2	23	yes	85
18/1860	1.10	187	205.7	13	7.2	23	yes	75
19/1900	.91	187	170.1	13	7.2	22	yes	70
20/1900	.86	187	160.8	13	7.2	22	yes	75
21/1800	.86	187	160.8	13	7.2	22	yes	100
22/2000	1.23	187	202.9	13	7.2	23	yes	95
23/260	1.32	187	240.8	13	7.2	23	yes	90
24/1900	1.01	187	188.8	13	7.2	23	yes	70
25/1900	1.10	187	205.7	13	7.2	23	yes	100
26/2000	1.11	187	207.5	13	7.2	23	yes	80
27/1900	1.34	187	250.5	13	7.2	23	yes	90
28/1900	1.10	187	205.7	13	7.2	23	yes	100
29/1600	1.05	187	196.3	13	7.2	23	yes	100
30/1900	1.00	187	187	13	7.2	22	yes	90
31/1900	.89	187	166.4	13	7.2	22	yes	100

^a 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

