

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

System Name: Lake Water Plant ID #: 00394 WTP: Lake Month/Year: OCT 2023

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
4					0.01		0.01
5				0.01			0.01
6							0.01
7							0.01
8			0.01				0.01
9							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	0.01
15							0.01
16	0.01						0.01
17		0.01				0.01	0.01
18		0.01					0.01
19							0.01
20						0.01	0.01
21						0.01	0.01
22						0.01	0.01
23						0.01	0.01
24			0.01				0.01
25	0.01	0.01	0.01	0.01	0.01	0.01	0.01
26	0.01	0.01	0.01	0.01	0.01	0.01	0.01
27							0.01
28			0.01				0.01
29							0.01
30		0.01	0.01	0.01	0.01	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>[Signature]</u>	DATE: <u>11/6/23</u> CERT #: <u>7136</u>
		PHONE #: <u>(503) 854-3313</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 Services - Surface Water Quality Data Form

Received Time Nov. 8, 2023 1:57PM No. 9883

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System Name:

Idanha Water plant

ID #: 00390 WTP-:

Month/Year:

Oct 2023

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]	C X T	[°C]		Use tables	Yes / No	[GPM]
1900 1/	1.01	187	188	4.0	7.1	15	Yes	100
1900 2/	1.41	187	263	4.0	7.1	15	Yes	90
1900 3/	1.32	187	246	4.0	7.1	15	Yes	95
1900 4/	.97	187	181	4.1	7.1	15	Yes	100
1800 5/	.87	187	162	4.2	7.2	15	Yes	80
1800 6/	.96	187	179	3.4	7.0	15	Yes	80
2100 7/	.98	187	183	3.4	7.2	15	Yes	85
2100 8/	.96	187	179	3.2	7.0	15	Yes	70
1900 9/	.62	187	115	3.2	7.2	15	Yes	75
1900 10/	.61	187	114	3.5	7.5	15	Yes	85
1900 11/	.62	187	115	3.5	7.0	15	Yes	100
1800 12/	.62	187	115	3.5	7.0	15	Yes	75
1900 13/	.62	187	115	4.1	7.0	15	Yes	85
1900 14/	.75	187	140	4.1	7.2	15	Yes	75
1900 15/	.70	187	130	4.0	7.1	15	Yes	80
1900 16/	.72	187	134	4.0	7.1	15	Yes	80
1900 17/	.75	187	140	4.2	7.1	15	Yes	85
1900 18/	.69	187	144	4.2	7.1	15	Yes	90
1900 19/	.74	187	138	4.3	7.1	15	Yes	95
1800 20/	.89	187	160	4.5	7.1	15	Yes	80
1800 21/	1.10	187	205	4.4	7.1	15	Yes	100
1700 22/	1.18	187	220	4.5	7.1	15	Yes	90
1700 23/	1.10	187	205	4.5	7.1	15	Yes	75
1700 24/	.86	187	140	4.5	7.1	15	Yes	100
1700 25/	.77	187	132	4.5	7.1	15	Yes	70
1800 26/	1.48	187	214	4.5	7.2	15	Yes	75
1800 27/	1.46	187	213	4.5	7.0	15	Yes	85
1900 28/	1.48	187	216	4.5	7.0	15	Yes	80
1900 29/	1.46	187	213	4.5	7.0	15	Yes	100
1800 30/	1.70	187	319	4.5	7.0	15	Yes	100
1700 31/	1.70	187	319	4.0	7.0	15	Yes	90

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-alt-unfiltered.pdf Revised November 2022

Return by 10th of following month by email, fax, or mail to:
 dwp.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR
 97293-0350