

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

Received Time Feb. 8, 2024 2:51PM No. 0137

System Name: Idanha ID #: 00391 WTP: Idanha Month/Year: Jan 2024

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



OHA - Drinking Water Services - Surface Water Quality Data Form

Received Time Feb. 8, 2024 2:51PM No. 0137

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System Name:

Idanha

ID #:

00394

WTP-:

Month/Year:

Jan 2024

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]
1900 1/	1.28	187	239	25	6.8	15	Yes	90
1900 2/	.48	187	89	25	6.8	15	Yes	96
1800 3/	.78	187	145	25	6.8	15	Yes	90
1700 4/	.76	187	142	25	6.8	15	Yes	80
1900 5/	1.42	187	265	25	6.8	15	Yes	80
2100 6/	1.61	187	301	25	6.8	15	Yes	85
1800 7/	1.60	187	299	25	6.8	15	Yes	85
1900 8/	1.32	187	246	25	6.8	15	Yes	95
2100 9/	1.41	187	263	25	6.8	15	Yes	100
2100 10/	1.62	187	302	25	6.8	15	Yes	100
1700 11/	1.74	187	325	25	6.8	15	Yes	80
1700 12/	1.62	187	302	25	6.8	15	Yes	90
1600 13/	1.61	187	301	25	6.8	15	Yes	90
1900 14/	1.26	187	235	25	6.8	15	Yes	90
2100 15/	1.20	187	224	25	6.8	15	Yes	90
1900 16/	1.16	187	216	25	6.8	15	Yes	90
1800 17/	1.04	187	194	25	6.8	15	Yes	80
1700 18/	.66	187	123	25	6.8	15	Yes	80
2100 19/	.56	187	102	25	6.8	15	Yes	75
2100 20/	.63	187	117	25	6.8	15	Yes	75
2000 21/	.68	187	127	25	6.8	15	Yes	100
2000 22/	1.72	187	321	25	6.8	15	Yes	100
1900 23/	1.68	187	294	25	6.8	15	Yes	90
1800 24/	1.60	187	299	25	6.8	15	Yes	90
2100 25/	1.24	187	231	25	6.8	15	Yes	85
1700 26/	1.26	187	235	25	6.8	15	Yes	80
1900 27/	1.30	187	243	25	6.8	15	Yes	75
1900 28/	1.21	187	226	25	6.8	15	Yes	75
2000 29/	1.10	187	205	25	6.8	15	Yes	80
1700 30/	1.10	187	205	25	6.8	15	Yes	90
2000 31/	1.38	187	258	25	6.8	15	Yes	75

³ If Cl₂ at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours.

Revised November 2022

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf

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

97293-0350

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