

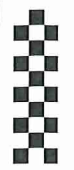
OHA - Drinking Water Services - Turbidity Monitoring Report Form County: Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: Idanha Water Plant ID #: 00394 WTP: Idanha Month/Year: MARCH 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							
2	0.01			0.01			0.01
3							0.01
4	0.01				0.01	0.01	0.01
5			0.01		0.01		0.01
6							0.01
7			0.01			0.01	0.01
8				0.01			0.01
9			0.01				0.01
10						0.01	0.01
11							0.01
12	0.01			0.01			0.01
13							0.01
14			0.01		0.01		0.01
15			0.01			0.01	0.01
16			0.01	0.01			0.01
17			0.01				0.01
18			0.01		0.01		0.01
19						0.01	0.01
20			0.01	0.01			0.01
21			0.01		0.01		0.01
22			0.01				0.01
23		0.01	0.01	0.01		0.01	0.01
24		0.01	0.01	0.01	0.01		0.01
25			0.01	0.01	0.01		0.01
26	0.01	0.01				0.01	0.01
27						0.01	0.01
28		0.01		0.01			0.01
29		0.01		0.01			0.01
30							0.01
31				0.01		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="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>	DATE: <u>4/8/24</u>
		SIGNATURE: <u>Robert Bruce</u>	PHONE #: <u>(503) 854-3313</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 readings¹ maximum. ² Filtered systems only.



OHA - Drinking Water Services - Surface Water Quality Data-Form

Received Time Apr. 9, 2024 2:05PM No. 0242

System Name: Edanba

ID #: 00294WTP-100

Month/Year: March 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]
1700 1/	1.05	187	196	25	7	15	yes	100
1700 2/	1.05	187	196	25	7	15	yes	95
1700 3/	1.05	187	196	25	7	15	yes	90
1700 4/	1.14	187	213	25	7	15	yes	80
1700 5/	1.12	187	209	25	7	15	yes	85
1700 6/	1.06	187	198	25	7	15	yes	75
1700 7/	1.12	187	209	25	7	15	yes	80
1700 8/	1.14	187	213	25	7	15	yes	75
1700 9/	1.14	187	213	25	7	15	yes	70
1700 10/	1.11	187	207	25	7	15	yes	75
1700 11/	1.05	187	196	25	7	15	yes	80
1700 12/	1.04	187	194	25	7	15	yes	80
1700 13/	.93	187	173	25	7	15	yes	70
1700 14/	.98	187	183	25	7	15	yes	70
1700 15/	.98	187	183	25	7	15	yes	70
1700 16/	.97	187	181	25	7	15	yes	75
1700 17/	1.01	187	188	25	7	15	yes	75
1900 18/	1.20	187	224	25	7	15	yes	80
1900 19/	1.28	187	239	25	7	15	yes	70
1900 20/	1.26	187	235	25	7	15	yes	70
1700 21/	1.30	187	243	25	7	15	yes	70
1700 22/	1.33	187	248	25	7	15	yes	75
1600 23/	1.31	187	244	25	7	15	yes	85
2000 24/	.76	187	142	25	7	15	yes	100
2000 25/	.75	187	140	25	7	15	yes	100
1700 26/	.90	187	168	25	7	15	yes	90
1700 27/	1.09	187	203	25	7	15	yes	75
1700 28/	1.06	187	198	25	7	15	yes	80
1800 29/	1.00	187	187	25	7	15	yes	80
1900 30/	1.10	187	205	25	7	15	yes	70
1700 31/	1.20	187	224	25	7	16	yes	95

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-ait-unfiltered.pdf

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