

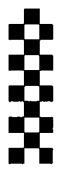
OHA - Drinking Water Services - Turbidity Monitoring Report Form County:
 Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: Idawha ID #: 00394 WTP-: A Month/Year: May 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
3	0.01						
4		0.01	0.01				0.01
5				0.01	0.01	0.01	0.01
6				0.01			0.01
7	0.01			0.01			0.01
8			0.01			0.01	0.01
9	0.01						0.01
10						0.01	0.01
11		0.01			0.01	0.01	0.01
12	0.01					0.01	0.01
13			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
18			0.01		0.01		0.01
19	0.01			0.01		0.01	0.01
20	0.01		0.01		0.01	0.01	0.01
21	0.01	0.01			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
25							0.01
26					0.01	0.01	0.01
27		0.01		0.01			0.01
28	0.01						0.01
29			0.01			0.01	0.01
30		0.01			0.01		0.01
31	0.01			0.01			0.01

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ²	All daily turbidity readings ≤ 5 NTU?	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:		PRINTED NAME: <u>Robert Bruce</u>	
		SIGNATURE: <u>[Signature]</u>	DATE: <u>6-6-24</u>
		PHONE #: <u>(503) 851-3313</u>	CERT #: <u>7134</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

System Name: **FDANKA**

ID #:

WTP: **A**

Month/Year: **May 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	<input checked="" type="radio"/> Yes <input type="radio"/> No	[GPM]
1700 11	1.04	187	194	8	7.2	25	Yes	85
1800 21	1.05	187	196	8	7.2	25	Yes	85
2100 31	1.08	187	201	8	7.2	25	Yes	90
1900 41	1.12	187	209	8	7.0	25	Yes	90
2100 51	1.01	187	190	8	7.0	25	Yes	90
1800 61	1.02	187	188	8	7.0	25	Yes	70
1900 71	1.02	187	190	8	7.0	25	Yes	70
2000 81	1.01	187	188	8	7.2	25	Yes	75
1300 91	.98	187	183	8	7.0	25	Yes	80
1900 101	.95	187	171	8	7.2	25	Yes	85
1900 111	.95	187	171	9	7.2	25	Yes	80
1700 121	1.30	187	243	9	7.2	26	Yes	80
1700 131	1.24	187	231	8	7.2	26	Yes	100
1700 141	1.25	187	233	9	7.2	26	Yes	85
1700 151	1.24	187	231	8	7.2	26	Yes	80
1700 161	1.19	187	222	9	7.0	25	Yes	85
1700 171	1.37	187	256	9	7.2	26	Yes	100
1800 181	.89	187	166	8	7.2	25	Yes	95
1800 191	.76	187	142	8	7.0	24	Yes	90
1800 201	.98	187	183	8	7.0	25	Yes	90
1800 211	.86	187	160	8	7.0	25	Yes	85
1700 221	.74	187	138	8	7.2	25	Yes	85
1700 231	.86	187	160	8	7.2	25	Yes	70
1900 241	.86	187	160	8	7.2	25	Yes	75
1700 251	.84	187	157	9	7.2	25	Yes	70
1700 261	.86	187	160	8	7.2	25	Yes	85
1700 271	.86	187	160	9	7.2	25	Yes	80
1900 281	.86	187	160	9	7.2	25	Yes	95
1900 291	.87	187	162	8	7.2	25	Yes	90
2000 301	.86	187	160	8	7.2	25	Yes	95
1900 311	.59	187	110	8	7.2	24	Yes	100

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/Health/Environments/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