

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

System Name: Edanhn

ID #: 00394WTP-A

Month/Year: JUNE 2024

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1							
2	0.01						0.01
3			0.01				0.01
4							
5	0.01				0.01		0.01
6				0.01			0.01
7							
8			0.01		0.01		0.01
9				0.01			0.01
10					0.01		0.01
11	0.01						0.01
12		0.01					0.01
13	0.01			0.01		0.01	0.01
14			0.01				0.01
15					0.01		0.01
16		0.01	0.01				0.01
17							
18			0.01		0.01	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		0.01
23		0.01				0.01	0.01
24				0.01		0.01	0.01
25	0.01					0.01	0.01
26				0.01			0.01
27			0.01	0.01			0.01
28				0.01			0.01
29			0.01				0.01
30	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? <sup>2</sup> <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 <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes: <p style="text-align: center; color: red; font-weight: bold;">JUL 09 2024</p> <p style="text-align: center; color: blue;">Certification Drinking Water Services</p>		PRINTED NAME: <u>Robert Bruce</u>	SIGNATURE: <u>Robert Bruce</u>
		PHONE #: <u>(503) 854-3313</u>	DATE: <u>7-9-24</u>
		CERT #: <u>7136</u>	

<sup>1</sup> 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. <sup>2</sup> Filtered systems only.



OHA - Drinking Water Services – Surface Water Quality Data Form

System Name: Idaun ID #: 170324 WTP: A Month/Year: JUN 2024

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes No	[GPM]
1700 11	1.01	187	194	9	7.0	25	Yes	80
1700 21	1.18	187	145	9	7.0	24	Yes	80
1700 31	1.06	187	179	9	7.0	25	Yes	80
1800 41	1.00	187	187	9	7.2	25	Yes	85
1800 51	1.01	187	188	8	7.2	25	Yes	90
1800 61	1.21	187	226	8	7.0	25	Yes	100
1800 71	1.11	187	207	8	7.0	25	Yes	100
1900 81	1.07	187	188	8	7.0	25	Yes	100
1900 91	1.99	187	185	8	7.0	25	Yes	95
1900 101	1.56	187	104	8	7.0	25	Yes	90
1900 111	1.96	187	179	10	7.0	24	Yes	95
1900 121	1.95	187	177	10	7.0	25	Yes	70
1600 131	1.98	187	183	10	7.0	25	Yes	70
1600 141	1.01	187	188	11	7.0	25	Yes	75
1700 151	1.80	187	224	10	7.0	25	Yes	85
1800 161	1.16	187	216	8	7.2	25	Yes	90
2000 171	1.34	187	250	8	7.2	25	Yes	90
2000 181	1.11	187	207	8	7.2	25	Yes	80
1900 191	1.47	187	274	8	7.0	26	Yes	80
1900 201	1.65	187	196	8	7.0	25	Yes	85
1700 211	1.18	187	220	9	7.0	25	Yes	85
1700 221	1.75	187	140	9	7.0	24	Yes	75
2000 231	1.12	187	209	9	7.2	25	Yes	75
2000 241	1.69	187	127	12	7.2	24	Yes	100
1700 251	1.86	187	160	12	7.2	24	Yes	90
1700 261	1.54	187	100	12	7.2	24	Yes	95
1600 271	1.57	187	106	12	7.0	24	Yes	80
1600 281	1.59	187	116	12	7.0	24	Yes	80
1500 291	1.59	187	110	12	7.0	24	Yes	90
1500 301	1.02	187	190	12	7.0	25	Yes	90
311								

<sup>3</sup> If Cl<sub>2</sub> 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](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf)  
 Return by 10<sup>th</sup> of following month by email, fax, or mail to:  
[dwp.dmce@oha.oregon.gov](mailto:dwp.dmce@oha.oregon.gov); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350  
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