

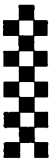
OHA - Drinking Water Services - Turbidity Monitoring Report Form County:
 Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: Idaho ID #: 004911 WTP-: _____ Month/Year: July 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
3			0.01		0.01	0.01	0.01
4	0.01			0.01			0.01
5				0.01			0.01
6	0.01					0.01	0.01
7				0.01			0.01
8				0.01			0.01
9	0.01			0.01		0.01	0.01
10	0.01			0.01			0.01
11				0.01			0.01
12	0.01			0.01		0.01	0.01
13				0.01			0.01
14					0.01		0.01
15	0.01			0.01		0.01	0.01
16						0.01	0.01
17	0.01			0.01			0.01
18				0.01			0.01
19	0.01					0.01	0.01
20	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	0.01
24	0.01			0.01			0.01
25	0.01			0.01			0.01
26	0.01			0.01	0.01		0.01
27	0.01			0.01			0.01
28	0.01			0.01			0.01
29	0.01			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="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>Robert Bruce</u> DATE: <u>8/7/24</u> PHONE #: <u>(503) 854-3313</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: T. Danha

ID #: 00394

WTP: A

Month/Year: July 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]
1500 1/	.86	187	160	13	7.0	24	yes	75
1500 2/	.86	187	160	13	7.0	24	yes	75
1500 3/	.86	187	160	13	7.0	24	yes	80
1500 4/	.86	187	160	13	7.0	24	yes	80
1800 5/	.86	187	160	13	7.0	24	yes	80
1700 6/	.75	187	158	13	7.0	24	yes	90
1700 7/	.39	187	72	13	7.0	23	yes	90
1700 8/	.98	187	183	13	7.0	24	yes	90
1900 9/	.96	187	179	12	7.0	24	yes	70
1900 10/	1.03	187	203	12	7.0	25	yes	70
1900 11/	1.01	187	188	12	7.0	25	yes	70
1900 12/	.96	187	179	12	7.0	24	yes	85
1800 13/	.96	187	179	12	7.0	24	yes	85
1800 14/	.80	187	149	12	7.0	24	yes	85
1800 15/	.82	187	153	12	7.0	24	yes	85
1800 16/	.82	187	153	12	7.0	24	yes	90
1900 17/	.82	187	153	12	7.0	24	yes	100
1900 18/	.74	187	138	12	7.0	24	yes	100
1900 19/	.75	187	140	12	7.0	24	yes	95
2000 20/	1.23	187	230	12	7.0	24	yes	80
2000 21/	1.25	187	233	12	7.0	25	yes	70
2000 22/	1.01	187	188	13	7.0	25	yes	70
1900 23/	1.15	187	215	14	7.0	25	yes	80
1900 24/	1.15	187	215	14	7.0	25	yes	100
1900 25/	1.14	187	213	14	7.0	25	yes	95
1900 26/	1.14	187	213	14	7.0	25	yes	85
1900 27/	1.02	187	190	14	7.0	25	yes	80
1800 28/	1.06	187	198	13	7.0	25	yes	80
1800 29/	1.06	187	198	12	7.0	25	yes	80
1800 30/	1.14	187	213	12	7.0	25	yes	80
1800 31/	1.16	187	216	12	7.0	25	yes	90

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.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350