

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

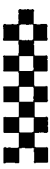
Received Time Sep. 9. 2024 11:49AM No. 0520

System Name: Idanha Water Plant ID #: 00394 WTP: AC6 Month/Year: 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	0.01		0.01	0.01	0.01	0.01
4				0.01	0.01		0.01
5			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
10			0.01			0.01	0.01
11			0.01			0.01	0.01
12					0.01		0.01
13			0.01				0.01
14				0.01			0.01
15					0.01		0.01
16		0.01	0.01	0.01	0.01		0.01
17				0.01	0.01	0.01	0.01
18			0.01	0.01			0.01
19		0.01					0.01
20							0.01
21					0.01		0.01
22			0.01	0.01			0.01
23	0.01	0.01	0.01	0.01	0.01	0.01	0.01
24							0.01
25					0.01		0.01
26				0.01	0.01		0.01
27	0.01			0.01			0.01
28		0.01		0.01	0.01		0.01
29		0.01			0.01	0.01	0.01
30		0.01	0.01			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>9/9/24</u>
	PHONE #: <u>(503) 851-3313</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

System Name: Idanha water plant ID #: CC39 WTP: Aug Month/Year: 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/	1.14	187	213	12	7	25	YES	150
1700 2/	1.14	187	213	12	7	25	YES	90
1700 3/	1.14	187	213	12	7	25	YES	45
1700 4/	1.14	187	213	12	7	25	YES	90
1700 5/	.81	187	151	12	7	25	YES	80
1700 6/	.81	187	151	12	7	25	YES	85
1700 7/	.81	187	151	12	7	25	YES	90
1800 8/	.81	187	157	12	7	25	YES	100
1800 9/	.81	187	157	12	7	25	YES	95
1800 10/	.81	187	157	12	7	25	YES	70
1700 11/	.81	187	157	12	7	25	YES	75
1700 12/	.81	187	157	12	7	25	YES	75
1900 13/	.81	187	157	12	7	25	YES	85
1900 14/	.81	187	157	12	7	25	YES	85
1900 15/	.81	187	157	12	7	25	YES	100
1800 16/	.81	187	157	12	7	25	YES	70
1900 17/	.81	187	157	12	7	25	YES	80
1900 18/	.81	187	157	12	7	25	YES	85
1900 19/	.52	187	97	12	7	24	YES	85
1800 20/	.52	187	97	12	7	24	YES	90
1700 21/	.52	187	97	12	7	24	YES	100
1900 22/	.52	187	97	12	7	24	YES	85
1800 23/	.52	187	97	12	7	24	YES	85
1700 24/	1.40	187	261	12	7	25	YES	75
1700 25/	1.40	187	261	12	7	25	YES	70
1700 26/	.80	187	147	12	7	24	YES	85
1800 27/	.80	187	147	12	7	24	YES	80
1800 28/	.80	187	147	12	7	24	YES	80
1900 29/	1.20	187	224	12	7	25	YES	80
1900 30/	1.09	187	203	12	7	25	YES	80
1900 31/	1.09	187	203	12	7	25	YES	80

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
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