

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

System Name: Indianapolis Water ID #: 00394 WTP: A Month/Year: July 2021

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		0.01
3		0.01			0.01		0.01
4			0.01				0.01
5	0.01				0.01		0.01
6			0.01				0.01
7				0.01			0.01
8			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
14				0.01			0.01
15				0.01			0.01
16			0.01				0.01
17						0.01	0.01
18							
19		0.01					0.01
20			0.01				0.01
21			0.01				0.01
22			0.01				0.01
23					0.01		0.01
24							
25			0.01				0.01
26			0.01			0.01	0.01
27						0.01	0.01
28				0.01	0.01	0.01	0.01
29	0.01	0.01	0.01	0.01			0.01
30						0.01	0.01
31					0.01		0.01

Slow Sand/Membrane/DE Filtration/Unfiltered 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 Notes:	Monthly Summary (Answer Yes or 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
PRINTED NAME: <u>Robert Bruce</u>		SIGNATURE: <u>Robert Bruce</u>
PHONE #: <u>(803) 854-3313</u>		DATE: <u>8-9-21</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 Program – Surface Water Quality Data Form - Giardia Inactivation

Name: Idanha City Water

ID #41: 00394 WTP-: Month/Year:

Log Requirement (Circle One): 0.5 1.0

WTP-A July 2021

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]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/1400	.61	187	114	17.2	7.3	12.6	Yes	110
2/1500	.58	187	108	17.3	7.3	12.4	Yes	120
3/1420	.58	187	108	17.5	7.3	12.3	Yes	125
4/1145	.61	187	114	17.5	7.3	12.3	Yes	125
5/1330	.61	187	114	17.3	7.3	12.5	Yes	130
6/1320	.63	187	118	18.0	7.3	11.9	Yes	120
7/1230	.61	187	114	18.5	7.3	11.5	Yes	100
8/1500	.65	187	122	18.5	7.3	11.6	Yes	100
9/1515	.70	187	131	18.8	7.3	11.4	Yes	90
10/1300	.70	187	131	17.3	7.3	12.6	Yes	120
11/1500	.70	187	131	18.5	7.3	11.6	Yes	100
12/1415	.74	187	138	18.9	7.3	11.4	Yes	100
13/0900	.73	187	137	19.1	7.3	11.2	Yes	120
14/0730	.73	187	137	19.0	7.2	10.9	Yes	130
15/1600	.80	187	150	19.1	7.3	11.3	Yes	100
16/1030	.78	187	146	19.2	7.3	11.2	Yes	130
17/1130	.78	187	146	19.3	7.2	10.7	Yes	130
18/1200	.78	187	146	19.3	7.3	11.1	Yes	140
19/0800	.76	187	142	19.5	7.3	11.0	Yes	100
20/0800	.76	187	142	19.3	7.3	11.1	Yes	120
21/0715	.76	187	142	18.8	7.2	11.5	Yes	130
22/0715	.72	187	135	18.2	7.3	11.9	Yes	160
23/0730	.72	187	135	18.3	7.2	11.4	Yes	140
24/1100	.72	187	135	18.2	7.3	11.9	Yes	120
25/0930	.72	187	135	18.2	7.2	11.5	Yes	130
26/1615	.72	187	135	18.3	7.2	11.4	Yes	110
27/1600	.81	187	151	18.3	7.2	11.5	Yes	100
28/1630	.87	187	163	19.0	7.2	11.1	Yes	120
29/1500	1.02	187	191	19.5	7.2	10.9	Yes	110
30/1530	1.02	187	191	19.6	7.2	10.9	Yes	100
31/1340	1.02	187	191	20.0	7.2	10.5	Yes	110

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours

Revised September 2016

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf

Return by 10th of following month by email, fax, or mail to:

dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350