

System Name: CITY OF IDAHO ID #: 00394 WTP: A Month/Year: Jan 2022

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
4	0.01				0.01		0.01
5			0.01				0.01
6					0.01		0.01
7		0.01					0.01
8							
9				0.01			0.01
10							
11					0.01		0.01
12			0.01				0.01
13				0.01			0.01
14						0.01	0.01
15							
16			0.01				0.01
17					0.01		0.01
18					0.01		0.01
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		0.01					0.01
25					0.01		0.01
26					0.01		0.01
27					0.01		0.01
28					0.01		0.01
29					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="checkbox"/> Yes <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	PRINTED NAME: <u>Robert Bruce</u>	
	SIGNATURE: <u>Robert Bruce</u>	DATE: <u>2-7-22</u>
	PHONE #: <u>(503) 854-3313</u>	CERT #: <u>7136</u>

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: CITY OF IDAHO ID #41: 00394 WTP: A Month/Year: JAN 2022 Log Requirement (Circle One): (0.5) 1.0

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]
1/1000	.76	187	142	4.9	7.6	41	yes	90
2/1000	.75	187	140	4.7	7.5	41	yes	60
3/1400	.74	187	138	4.9	7.5	41	yes	60
4/1500	.74	187	138	4.9	7.5	41	yes	90
5/1400	.72	187	135	4.9	7.6	41	yes	90
6/1600	.73	187	137	4.9	7.5	41	yes	60
7/1000	.71	187	133	5.0	7.6	29	yes	90
8/1300	.71	187	133	5.0	7.6	29	yes	100
9/1830	.61	187	114	5.0	7.5	29	yes	80
10/1630	.58	187	108	4.7	7.6	40	yes	85
11/1730	.54	187	101	5.2	7.6	29	yes	95
12/1000	.58	187	108	5.0	7.5	29	yes	90
13/1545	.57	187	107	5.0	7.5	29	yes	100
14/0930	.58	187	108	5.0	7.5	29	yes	90
15/0800	.58	187	108	5.2	7.6	29	yes	100
16/0830	.57	187	107	5.0	7.6	29	yes	90
17/1000	.58	187	108	5.0	7.5	29	yes	90
18/1200	.59	187	110	5.2	7.5	29	yes	85
19/1600	.60	187	112	5.3	7.5	29	yes	80
20/1620	.58	187	108	5.3	7.5	29	yes	90
21/1530	.60	187	112	5.2	7.5	29	yes	100
22/1400	.60	187	112	5.2	7.5	29	yes	95
23/1900	.59	187	110	5.3	7.4	29	yes	95
24/1700	.58	187	108	4.4	7.5	40	yes	100
25/1700	.55	187	103	4.3	7.5	40	yes	95
26/1610	.57	187	107	4.1	7.5	40	yes	100
27/1630	.57	187	107	4.0	7.5	40	yes	95
28/1630	.60	187	112	3.8	7.5	40	yes	100
29/0930	.60	187	112	3.5	7.5	40	yes	95
30/1830	.59	187	110	3.5	7.5	40	yes	90
31/1530	.59	187	110	4.0	7.5	40	yes	100

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours
 Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf Revised September 2016

Return by 10th of following month by email, fax, or mail to:
 dwp.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350