

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

System Name: CITY OF IDAHO WATER ID #: 00394 WTP: A Month/Year: May 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							
2						0.01	0.01
3					0.01		0.01
4							—
5						0.01	0.01
6							—
7					0.01		0.01
8				0.01			0.01
9		0.01					—
10							0.01
11						0.01	0.01
12					0.01		0.01
13							—
14				0.01			0.01
15							—
16				0.01			0.01
17	0.01						—
18							0.01
19		0.01					—
20					0.01		0.01
21					0.01		0.01
22							—
23			0.01				0.01
24					0.01		0.01
25			0.01				—
26							0.01
27						0.01	0.01
28					0.01		0.01
29							—
30			0.01	0.01			0.01
31						0.01	0.01

Slow Sand/Membrane/DE Filtration/Unfiltered
Monthly Summary

Monthly Summary (Answer Yes or No)

95% of daily turbidity readings ≤ 1 NTU? ² Yes / No
 All daily turbidity readings ≤ 5 NTU? Yes / No

CT's met everyday? (see back) Yes / No

All Cl₂ residual at entry point ≥ 0.2 mg/l? Yes / No

Notes:

PRINTED NAME: Robert Bruce

SIGNATURE: Robert Bruce

DATE: 6-7-22

PHONE #: (503) 854-3313

CERT #: 7136

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 Donner

ID #41: 00394 WTP: A

Month/Year: May 2022

Log Requirement (Circle One): (0.5) 1.0

Date/Time	Minimum Cl ₂ Residual at 1st 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]
1/2000	.64	187	120	8.5	7.7	35	yes	100
2/1530	.61	187	114	8.5	7.1	29	yes	90
3/1830	.62	187	116	8.5	7.1	29	yes	100
4/1535	.61	187	114	9.3	7.4	29	yes	80
5/1030	.58	187	108	9.5	7.3	29	yes	85
6/1700	.55	187	103	9.8	7.4	29	yes	80
7/1200	.54	187	101	8.8	7.4	29	yes	100
8/1200	.57	187	107	9.4	7.4	29	yes	90
9/1645	.56	187	105	9.5	7.4	29	yes	85
10/1930	.58	187	108	9.5	7.3	29	yes	100
11/1630	.58	187	108	9.7	7.3	29	yes	85
12/1800	.57	187	107	8.1	7.3	29	yes	80
13/1200	.57	187	107	8.0	7.4	29	yes	90
14/1520	.56	187	105	8.1	7.3	29	yes	95
15/1600	.57	187	107	8.1	7.3	29	yes	90
16/1900	.74	187	138	8.0	7.3	29	yes	90
17/1740	.72	187	135	8.2	7.5	29	yes	80
18/1300	.66	187	123	8.1	7.5	29	yes	100
19/1450	.57	187	107	8.1	7.5	29	yes	100
20/1700	.52	187	99	11.9	7.3	21	yes	85
21/2000	.52	187	97	11.4	7.5	21	yes	80
22/2200	.53	187	99	10.5	7.5	21	yes	95
23/2100	.54	187	101	9.7	7.3	29	yes	80
24/1820	.56	187	105	9.7	7.3	29	yes	95
25/1740	.53	187	99	9.6	7.3	29	yes	100
26/1530	.52	187	97	10.2	7.3	21	yes	95
27/1530	.52	187	97	9.6	7.3	29	yes	100
28/1000	.53	187	99	9.7	7.3	29	yes	80
29/1120	.53	187	99	9.6	7.5	29	yes	90
30/1314	.59	187	110	9.1	7.3	29	yes	100
31/1400	.59	187	110	9.3	7.5	29	yes	95

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