

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

System Name: CITY OF IDAHO ID #: 00394 WTP: A Month/Year: MARCH 2023

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
4						0.01	0.01
5			0.01				0.01
6							
7				0.01			0.01
8					0.01		0.01
9	0.01						0.01
10	0.01					0.01	0.01
11							
12							
13			0.01	0.01			0.01
14							
15			0.01				0.01
16						0.01	0.01
17							
18		0.01					0.01
19	0.01						0.01
20							
21			0.01				0.01
22							
23			0.01				0.01
24	0.01						0.01
25							
26	0.01						0.01
27							
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		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="checkbox"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No		CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
Notes:		PRINTED NAME: <u>Robert Bruce</u>	
		SIGNATURE: <u>Robert Bruce</u>	DATE: <u>4-3-23</u>
		PHONE #: <u>(503) 854-3313</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

0.5

System Name: CITY OF IDANHA

ID #: 00394 WTP-: A

Month/Year: March - 23

Time
↓

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]
1900	1.42	187	265	3.4	6.9	38	yes	90
1800	1.08	187	201	3.4	6.9	36	yes	95
1900	.97	187	181	3.4	6.9	35	yes	80
1000	.95	187	177	3.4	6.9	35	yes	85
1800	.95	187	177	3.4	6.9	35	yes	95
2100	.98	187	183	3.4	6.9	35	yes	100
1800	.95	187	177	3.4	6.9	35	yes	90
1800	.98	187	183	3.4	6.9	35	yes	95
12:10	.62	187	116	3.3	6.9	34	yes	90
1300	.63	187	117	3.3	6.9	34	yes	95
2000	.63	187	117	3.4	6.9	34	yes	80
1800	.63	187	117	3.4	6.9	34	yes	95
1900	1.46	187	273	3.4	6.9	38	yes	85
1900	1.43	187	267	3.4	6.9	38	yes	90
1700	1.41	187	263	3.4	6.9	38	yes	95
1900	1.08	187	201	3.4	6.9	36	yes	95
1800	1.07	187	200	3.4	6.9	36	yes	80
1900	1.07	187	200	3.4	6.9	36	yes	80
1900	1.07	187	200	3.4	6.9	36	yes	85
1900	1.18	187	220	4.6	6.9	36	yes	95
1800	1.18	187	220	4.6	6.9	36	yes	90
1900	1.21	187	226	4.5	6.9	37	yes	90
2100	1.20	187	224	4.5	6.9	37	yes	85
1900	1.20	187	224	4.6	6.9	36	yes	80
1800	1.10	187	209	4.5	6.9	36	yes	90
2000	1.09	187	203	4.5	6.9	36	yes	90
1800	1.30	187	243	4.5	6.9	37	yes	85
1800	1.30	187	243	4.5	6.9	37	yes	80
1900	1.26	187	236	4.5	6.9	37	yes	80
1900	1.24	187	232	4.5	6.9	37	yes	85
1800	1.24	187	232	4.5	6.9	37	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