

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: May 23

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							
3							
4		0.01					0.01
5					0.01		0.01
6							
7							
8							
9				0.01			0.01
10							
11				0.01			0.01
12						0.01	0.01
13							
14							
15			0.01				0.01
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							
23							
24							
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							
31			0.01				0.01

Slow Sand/Membrane/DE Filtration/Unfiltered	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	
Notes:	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
	PRINTED NAME: <u>Robert Bruce</u>	DATE: <u>6-5-23</u>
	SIGNATURE: <u>Robert Bruce</u>	CERT #: <u>7136</u>
	PHONE #: <u>503 1854-3313</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

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System Name: Idanha Water Plant ID #: 00394 WTP: Idanha Month/Year: May 23

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]
1600 1/	.76	187	142.1	17.7	7.0	12	Yes	80
1600 2/	.79	187	147.7	17.7	7.0	12	Yes	90
1900 3/	.63	187	117.8	17.7	7.0	12	Yes	95
2000 4/	.68	187	129.1	17.7	7.0	12	Yes	90
1400 5/	.66	187	123.4	17.7	7.0	12	Yes	85
1900 6/	.90	187	163.8	17.7	7.0	13	Yes	80
1300 7/	.92	187	172.0	17.7	7.0	13	Yes	80
1100 8/	.88	187	161.5	17.7	7.0	13	Yes	75
1600 9/	.86	187	160.8	17.7	7.0	13	Yes	75
1800 10/	.86	187	160.8	17.7	7.0	13	Yes	90
1900 11/	.86	187	160.8	17.7	7.0	13	Yes	95
1600 12/	.68	187	160.8	17.7	7.0	12	Yes	100
1800 13/	.68	187	160.8	17.7	7.0	12	Yes	80
1900 14/	.86	187	160.8	17.7	7.0	13	Yes	85
1600 15/	1.37	187	266.1	17.7	7.0	13	Yes	85
1800 16/	1.40	187	261.8	17.7	7.4	13	Yes	80
1900 17/	1.10	187	205.7	17.7	7.4	13	Yes	75
1800 18/	1.05	187	196.3	17.9	7.4	13	Yes	70
0900 19/	.97	187	181.3	18.0	7.5	13	Yes	85
1400 20/	.98	187	183.2	18.1	7.5	13	Yes	90
1600 21/	.90	187	174.8	18.1	7.5	13	Yes	90
1800 22/	.75	187	140.2	18.0	7.5	12	Yes	95
1900 23/	.75	187	140.2	18.1	7.5	12	Yes	90
1600 24/	.75	187	140.2	18.1	7.5	12	Yes	100
1300 25/	.75	187	140.2	18.1	7.5	12	Yes	100
1600 26/	1.10	187	265.7	18.1	7.5	13	Yes	90
1800 27/	1.26	187	235.6	18.1	7.5	13	Yes	90
1900 28/	1.35	187	252.4	18.1	7.5	13	Yes	95
1900 29/	1.35	187	252.4	18.1	7.5	13	Yes	90
1900 30/	1.39	187	297.3	18.1	7.5	13	Yes	85
1900 31/	1.46	187	272.0	18.1	7.5	13	Yes	90

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-alt-unfiltered.pdf Revised November 2022

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