

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

System Name: CITY OF IDAHO ID #: 00394WTP- Month/Year: FEB 2021

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1							
2	0.01				0.01		0.01
3							
4				0.01			0.01
5							
6			0.01				0.01
7							
8		0.01					0.01
9						0.01	0.01
10							
11						0.01	0.01
12							
13	0.01					0.01	0.01
14							
15				0.01			0.01
16							
17			0.01				0.01
18							
19		0.01					0.01
20							
21	0.01						0.01
22						0.01	0.01
23							
24		0.01					0.01
25						0.01	0.01
26							
27			0.01				0.01
28							
29	<del>0.01</del>						
30							
31							

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
Notes:	PRINTED NAME: <u>Robert Bruce</u>	
	SIGNATURE: <u>Robert Bruce</u>	DATE: <u>3-5-21</u>
	PHONE #: <u>(503) 1854-3313</u>	CERT #: <u>7136</u>

<sup>1</sup> 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. <sup>2</sup> Filtered systems only.

**OHA - Drinking Water Program - Surface Water Quality Data Form - Giardia Inactivation**

Name: Idanha City Water ID #41: 00394 WTP: Month/Year: WTP-A Log Requirement (Circle One): (0.5) 1.0

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>a</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[° C]		Use tables	Yes / No	[GPM]
1/1700	.88	187	165	7.8	7.7	2.8	Yes	80
2/1715	.88	187	165	7.8	7.7	2.8	Yes	75
3/1700	.88	187	165	7.6	7.7	2.9	Yes	80
4/1730	.89	187	166	7.4	7.7	2.9	Yes	70
5/1700	.89	187	166	7.4	7.7	2.9	Yes	80
6/1700	.89	187	166	7.4	7.8	3.0	Yes	75
7/1715	.89	187	166	7.3	7.8	3.0	Yes	80
8/1645	.94	187	177	8.0	7.7	2.8	Yes	75
9/1700	.95	187	178	8.1	7.7	2.8	Yes	80
10/1400	.97	187	181	8.2	7.8	2.9	Yes	70
11/1500	.97	187	181	8.1	7.8	2.9	Yes	70
12/1745	.97	187	181	8.0	7.8	2.9	Yes	75
13/1700	.97	187	181	7.9	7.8	2.9	Yes	85
14/1700	.97	187	181	7.7	7.8	3.0	Yes	90
15/6940	1.08	187	202	7.6	7.7	2.9	Yes	85
16/1300	1.07	187	200	7.4	7.7	3.0	Yes	85
17/1755	1.05	187	196	7.1	7.8	3.1	Yes	80
18/1700	1.03	187	193	7.1	7.8	3.1	Yes	90
19/1200	1.02	187	191	7.1	7.7	3.0	Yes	85
20/1200	1.00	187	187	7.1	7.7	3.0	Yes	90
21/1120	.94	187	177	7.1	7.7	3.0	Yes	85
22/1200	.91	187	170	7.1	7.8	3.1	Yes	90
23/1300	.87	187	163	7.2	7.8	3.0	Yes	90
24/1330	.90	187	168	7.1	7.8	3.1	Yes	85
25/1430	.90	187	168	7.0	7.8	3.1	Yes	75
26/1700	.90	187	168	7.1	7.8	3.1	Yes	80
27/1845	.90	187	168	7.1	7.8	3.1	Yes	85
28/1800	.91	187	170	7.1	7.9	3.1	Yes	90
29/								
30/								
31/								

<sup>3</sup> If Cl<sub>2</sub> 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](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf)

Return by 10<sup>th</sup> 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