

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 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
5					0.01		0.01
6	0.01						
7						0.01	0.01
8	0.01				0.01		0.01
9						0.01	0.01
10					0.02		0.02
11							
12				0.02			0.02
13							
14	0.02				0.02		0.02
15							
16	0.02				0.02		0.02
17							
18					0.02		0.02
19				0.02			0.02
20							
21						0.02	0.02
22					0.02		0.02
23						0.02	0.02
24					0.02		0.02
25					0.02		0.02
26					0.02		0.02
27		0.02					
28							0.02
29					0.02		0.02
30					0.02		0.02
31					0.02	0.02	0.02

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="radio"/> Yes <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No		CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl ₂ 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>4-4-22</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 IDANHA

ID #41: 00394

WTP: A Month/Year: March 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? ^a	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/16:00	.86	187	161	5.6	7.5	30	yes	90
2/16:40	.85	187	159	5.5	7.5	30	yes	85
3/17:00	.80	187	150	6.9	7.5	29	yes	95
4/15:30	.79	187	148	6.3	7.5	29	yes	90
5/21:00	.79	187	148	6.1	7.5	29	yes	80
6/10:00	.78	187	146	6.1	7.5	29	yes	100
7/11:00	.79	187	148	6.1	7.5	29	yes	90
8/11:00	.76	187	142	6.2	7.5	29	yes	90
9/12:00	.76	187	142	6.2	7.5	29	yes	100
10/11:30	.82	187	153	6.4	7.5	30	yes	95
11/5:00	.80	187	150	6.2	7.6	35	yes	100
12/20:00	.80	187	150	6.2	7.6	35	yes	90
13/19:00	.80	187	150	6.5	7.6	35	yes	95
14/17:15	.80	187	150	6.9	7.5	29	yes	100
15/17:40	.80	187	150	6.9	7.5	29	yes	90
16/16:00	.80	187	150	6.9	7.5	29	yes	100
17/17:45	.79	187	148	6.9	7.5	29	yes	100
18/17:15	.78	187	146	7.7	7.5	29	yes	90
19/12:40	.71	187	134	6.9	7.5	29	yes	95
20/20:00	.75	187	140	7.0	7.5	29	yes	100
21/16:00	.75	187	140	7.1	7.5	29	yes	90
22/20:00	.76	187	142	7.1	7.5	29	yes	100
23/17:00	.76	187	142	7.3	7.5	29	yes	95
24/20:00	.77	187	144	7.1	7.5	29	yes	100
25/16:00	.79	187	148	7.8	7.5	29	yes	85
26/12:00	.80	187	150	8.5	7.5	29	yes	90
27/13:30	.82	187	153	8.8	7.5	30	yes	95
28/16:00	.83	187	155	9.3	7.5	30	yes	100
29/16:00	.83	187	155	10.6	7.5	22	yes	95
30/14:30	.83	187	155	10.5	7.5	22	yes	90
31/16:30	.83	187	155	10.5	7.5	22	yes	100

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