

OHA - Drinking Water Services – Turbidity Monitoring Report Conventional or Direct Filtration

County: Polk

Name: City of Falls City ID #41: 00297 WTP: _____ Month/Year: January 2021

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							.04
2							.04
3							.04
4							.05
5							.05
6							.04
7							.05
8							.04
9							.04
10							.04
11							.04
12							.04
13							.04
14							.06
15							.06
16							.05
17							.05
18							.05
19							.05
20							.05
21							.05
22							.05
23							.03
24							.04
25							.04
26							.04
27							.03
28							.03
29							.04
30							.03
31							.03

<p style="text-align: center;">Conventional or Direct Filtration</p> <p style="text-align: center;">Monthly Summary</p> <p>95% of the 4-hour turbidity readings ≤ 0.3 NTU? <u>Yes</u> / No</p> <p>All the 4-hour turbidity readings ≤ 1 NTU? <u>Yes</u> / No</p> <p>All turbidity readings < IFE² triggers? <u>Yes</u> / No²</p> <p>Notes: <u>WTP off on 1-13-21, no Peak Flow</u> <u>Ran off Reservoir Rain + more Rain!</u> <u>th so 14+15th fill clearwell.</u></p>	<p style="text-align: center;">Monthly Summary (Answer Yes or No)</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">CT's met everyday? (see back) <u>Yes</u> / No</td> <td style="width: 67%;">All Cl₂ residuals at entry point ≥ 0.2 mg/l? <u>Yes</u> / No</td> </tr> </table> <p>PRINTED NAME: <u>Donald Poe</u></p> <p>SIGNATURE: <u>[Signature]</u> DATE: <u>2-1-21</u></p> <p>PHONE #: <u>(508) 787-3631</u> CERT #: <u>6132</u></p>	CT's met everyday? (see back) <u>Yes</u> / No	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <u>Yes</u> / No
CT's met everyday? (see back) <u>Yes</u> / No	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <u>Yes</u> / No		

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 IFE = Individ. Filter Effl. (OAR 333-061-0040(1)(d)(B&C))

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

Name: City of Falls City ID #41: 00977 WTP: January 2024 Month/Year: January 2024 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? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/	1.10	127	140	7	7.2	60	Yes	395
2/	1.0	127	127	7	7.2	60	Yes	390
3/	1.0	127	127	7	7.1	60	Yes	385
4/	1.5	127	191	7	7.2	61	Yes	400
5/	1.2	127	153	7	7.2	61	Yes	385
6/	1.2	127	153	7	7.2	61	Yes	385
7/	1.2	127	153	7	7.2	61	Yes	400
8/	1.3	127	165	7	7.2	62	Yes	405
9/	1.4	127	178	7	7.2	62	Yes	407
10/	1.4	127	178	7	7.2	62	Yes	376
11/	1.4	127	178	7	7.2	62	Yes	395
12/	1.3	127	165	7	7.2	62	Yes	385
13/	1.3	127	165	7	7.1	60	Yes	WTP OFF NO PEAK
14/	1.4	127	178	8	7.3	62	Yes	226
15/	1.4	127	178	8	7.2	62	Yes	69
16/	1.2	127	153	8	7.1	61	Yes	280
17/	1.4	127	178	8	7.1	62	Yes	445
18/	1.3	127	178	8	7.1	62	Yes	445
19/	1.3	127	178	7	7.1	62	Yes	430
20/	1.2	127	153	7	7.1	61	Yes	410
21/	1.1	127	140	7	7.1	61	Yes	410
22/	1.2	127	153	7	7.1	61	Yes	410
23/	1.3	127	178	7	7.1	62	Yes	424
24/	1.0	127	127	6	7.1	60	Yes	428
25/	1.2	127	153	6	7.1	61	Yes	430
26/	1.1	127	140	6	7.1	60	Yes	410
27/	1.2	127	153	6	7.0	61	Yes	415
28/	1.2	127	153	6	7.1	61	Yes	415
29/	1.1	127	140	6	7.1	60	Yes	410
30/	1.2	127	153	6	7.1	61	Yes	415
31/	1.3	127	178	6	7.1	61	Yes	415

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