

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

County: Polk

Name: City of Falls City ID #41: 50297 WTP: _____ Month/Year: March 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							.03
2							.03
3							0.3
4							.03
5							.03
6							.03
7							.03
8							.03
9							.03
10							.03
11							.03
12							.03
13							.03
14							.03
15							.03
16							.03
17							.03
18							.03
19							.03
20							.03
21							.04
22							.04
23							.04
24							.04
25							.03
26							.03
27							.03
28							.03
29							.03
30							.03
31							.03

Conventional or Direct Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings ≤ 0.3 NTU? <u>Yes</u> / No All the 4-hour turbidity readings ≤ 1 NTU? <u>Yes</u> / No All turbidity readings < IFE ² triggers? <u>Yes</u> / No ²	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	
Notes:		PRINTED NAME: <u>Donald Rose</u>	
		SIGNATURE: <u>[Signature]</u>	DATE: <u>3-31-21</u>
		PHONE #: <u>583 1787-3631</u>	CERT #: <u>6132</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 IFE = Individ. Filter Eff. (OAR 333-061-0040(1)(d)(B&C))

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

Name: Falls City

ID #41 20299

WTP: 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? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/	1.2	127	152	7	7.0	51	yes	395
2/	1.1	127	140	8	7.0	51	yes	385
3/	1.2	127	152	8	7.0	51	yes	400
4/	1.2	127	152	8	7.0	51	yes	395
5/	1.1	127	140	8	7.0	51	yes	385
6/	1.1	127	140	8	7.0	51	yes	392
7/	1.1	127	140	8	7.0	51	yes	383
8/	1.2	127	152	8	7.0	51	yes	420
9/	1.2	127	152	8	7.0	51	yes	390
10/	1.1	127	140	8	7.0	51	yes	405
11/	1.2	127	152	8	7.0	51	yes	400
12/	1.2	127	152	8	7.0	51	yes	410
13/	1.2	127	152	8	7.0	51	yes	405
14/	1.3	127	165	8	7.0	52	yes	405
15/	1.1	127	140	8	7.0	51	yes	415
16/	1.1	127	140	8	7.0	51	yes	405
17/	1.3	127	165	8	7.0	52	yes	410
18/	1.3	127	165	8	7.0	52	yes	410
19/	1.2	127	152	8	7.0	51	yes	400
20/	1.5	127	190	8	7.0	52	yes	373
21/	1.2	127	152	8	7.0	51	yes	379
22/	1.3	127	165	8	7.0	52	yes	400
23/	1.2	127	152	8	7.0	51	yes	390
24/	1.1	127	140	8	7.0	51	yes	400
25/	1.5	127	190	8	7.0	52	yes	395
26/	1.2	127	152	8	7.0	51	yes	390
27/	1.3	127	165	8	7.0	51	yes	395
28/	1.1	127	140	9	7.0	51	yes	390
29/	1.0	127	127	8	7.0	50	yes	425
30/	1.4	127	179	8	7.0	52	yes	390
31/								

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