

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

County: Folk

Name: City of Falls City ID #41: 60297 WTP: \_\_\_\_\_ Month/Year: MAY 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							.05
2							.05
3							.05
4							.05
5							.05
6							.06
7							.06
8							.06
9							.05
10							.04
11							.05
12							.05
13							.05
14							.05
15							.05
16							.05
17							.05
18							.05
19							.05
20							.05
21							.05
22							.05
23							.05
24							.06
25							.06
26							.06
27							.06
28							.06
29							.04
30							.04
31							.04

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
Monthly Summary 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 <sup>2</sup> triggers? <u>Yes</u> / No <sup>2</sup>		CT's met everyday? (see back) <u>Yes</u> / No	All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <u>Yes</u> / No
Notes: <u>No Backflow. Saw no Brake Filling Clearwell</u>		PRINTED NAME: <u>Donald Roe</u>	DATE: <u>June 1 2021</u>
		SIGNATURE: <u>[Signature]</u>	CERT #: <u>6132</u>
		PHONE #: <u>503 787-3631</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> 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: 00297

WTP-:

Month/Year:

May, 2021

Log Requirement  
(Circle One): 0.5  1.0

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/	1.7	127	152	12	6.9	38	Yes	425
2/	1.2	127	152	12	6.9	38	Yes	420
3/	1.4	127	178	12	6.9	39	Yes	425
4/	1.4	127	178	12	6.9	39	Yes	420
5/	1.4	127	178	12	6.9	39	Yes	415
6/	1.4	127	178	13	6.9	39	Yes	420
7/	1.2	127	152	13	6.9	38	Yes	415
8/	1.1	127	140	12	6.9	38	Yes	420
9/	1.2	127	152	12	6.9	38	Yes	420
10/	1.3	127	165	12	6.9	39	Yes	420
11/	1.4	127	178	12	6.9	39	Yes	425
12/	1.5	127	191	13	6.9	40	Yes	420
13/	1.0	127	127	13	6.9	37	Yes	415
14/	1.0	127	127	13	6.7	37	Yes	430
15/	1.3	127	165	14	6.7	38	Yes	430
16/	1.3	127	165	14	6.7	38	Yes	440
17/	1.4	127	178	15	6.7	26	Yes	450
18/	1.4	127	178	14	6.7	39	Yes	420
19/	1.1	127	140	13	6.8	38	Yes	425
20/	1.3	127	165	13	6.8	39	Yes	430
21/	1.3	127	165	13	6.8	39	Yes	432
22/	1.4	127	178	13	6.8	39	Yes	435
23/	1.6	127	203	13	6.8	40	Yes	432
24/	1.3	127	165	13	6.8	39	Yes	560
25/	0.9	127	114	13	6.8	37	Yes	260
26/	0.9	127	114	12	6.8	37	Yes	430
27/	1.3	127	165	12	6.8	39	Yes	435
28/	1.4	127	178	13	6.9	40	Yes	500
29/	1.1	127	140	13	6.9	37	Yes	157
30/	1.3	127	165	13	6.9	39	Yes	445
31/	1.3	127	165	14	6.9	39	Yes	445

<sup>3</sup> If Cl<sub>2</sub> 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](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