

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

County: Polk

Name: City of Falls City ID #41: 00297 WTP-: _____ Month/Year: June 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							.05
2							.05
3							.05
4							.05
5							.05
6							.05
7							.05
8							.05
9							.05
10							.05
11							.05
12							.06
13							.04
14							.04
15							.04
16							.05
17							.05
18							.05
19							.04
20							.04
21							.04
22							.05
23							.04
24							.04
25							.05
26							.05
27							.05
28							.05
29							.05
30							.04
31							

Conventional or Direct Filtration 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 ² triggers? <u>Yes</u> / No ²		Monthly Summary (Answer Yes or 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	
Notes:		PRINTED NAME: <u>Donald Poe</u>	DATE: <u>6-30-2021</u>
		SIGNATURE: <u>[Signature]</u>	CERT #: <u>6132</u>
		PHONE #: <u>(503) 787-3631</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: City of Falls City

ID #41: 00297 WTP-: Month/Year: June, 2021

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/	1.3	127	165	15	7.0	26	Yes	435
2/	1.0	127	127	16	6.8	25	Yes	445
3/	0.9	127	114	16	6.8	25	Yes	450
4/	1.8	127	229	16	6.9	28	Yes	455
5/	1.3	127	165	16	6.9	26	Yes	444
6/	1.1	127	140	16	6.9	25	Yes	443
7/	1.1	127	140	15	6.9	25	Yes	440
8/	1.2	127	152	15	7.0	25	Yes	440
9/	1.5	127	191	14	7.0	40	Yes	425
10/	1.5	127	191	13	7.0	40	Yes	425
11/	1.3	127	165	13	7.0	39	Yes	420
12/	1.3	127	165	14	7.0	39	Yes	420
13/	1.0	127	127	14	7.0	37	Yes	425
14/	1.0	127	127	14	7.0	37	Yes	415
15/	1.0	127	127	14	7.0	37	Yes	420
16/	1.0	127	127	15	7.0	25	Yes	420
17/	1.2	127	152	15	7.0	25	Yes	425
18/	1.1	127	140	15	7.0	25	Yes	435
19/	1.2	127	165	16	6.4	27	Yes	440
20/	1.0	127	127	16	7.0	25	Yes	416
21/	1.0	127	127	17	7.0	25	Yes	440
22/	0.80	127	102	17	7.0	24	Yes	450
23/	1.0	127	127	17	7.0	25	Yes	465
24/	1.0	127	127	17	7.0	25	Yes	450
25/	1.2	127	140	18	7.0	25	Yes	460
26/	1.2	127	140	18	7.0	25	Yes	460
27/	1.2	127	140	19	7.0	25	Yes	460
28/	1.0	127	127	20	6.9	19	Yes	450
29/	0.8	127	102	20	6.8	18	Yes	460
30/	0.8	127	102	20	6.9	18	Yes	460
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