

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

County:

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

<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 / No</u></p> <p>All the 4-hour turbidity readings ≤ 1. NTU? <u>Yes / No</u></p> <p>All turbidity readings < IFE² triggers? <u>Yes / No</u>²</p>	<p style="text-align: center;">Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <u>Yes / No</u></p> <p>All Cl₂ residuals at entry point ≥ 0.2 mg/l? <u>Yes / No</u></p>
<p>Notes:</p>	<p>PRINTED NAME: <u>Jonathon Creechmore</u></p> <p>SIGNATURE: <u>[Signature]</u> DATE: <u>April 1 2022</u></p> <p>PHONE #: <u>(503) 787-3631</u> CERT #:</p>

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 #41:00797

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/	1.1	127	140	8	7.1	60	Yes	340
2/	1.2	127	152	8	7.1	61	Yes	432
3/	1.3	127	165	8	7.0	52	Yes	415
4/	1.4	127	178	9	7.1	62	Yes	420
5/	1.4	127	178	8	7.2	62	Yes	416
6/	1.1	127	140	9	7.1	61	Yes	422
7/	1.4	127	178	9	7.1	62	Yes	410
8/	1.2	127	152	9	7.1	61	Yes	405
9/	1.2	127	152	9	7.1	61	Yes	400
10/	1.1	127	140	8	7.1	60	Yes	405
11/	1.3	127	165	8	7.2	61	Yes	400
12/	1.2	127	152	9	7.1	61	Yes	410
13/	1.0	127	127	9	7.1	60	Yes	414
14/	1.1	127	140	9	7.1	60	Yes	424
15/	1.1	127	140	9	7.1	60	Yes	405
16/	1.1	127	140	9	7.1	60	Yes	415
17/	1.2	127	152	9	7.1	61	Yes	410
18/	1.3	127	165	9	7.1	61	Yes	395
19/	1.3	127	165	10	7.1	46	Yes	402
20/	1.4	127	178	9	7.1	62	Yes	395
21/	1.5	127	191	9	7.2	64	Yes	450
22/	1.2	127	152	10	7.1	46	Yes	435
23/	1.3	127	165	10	7.1	46	Yes	420
24/	1.1	127	140	10	7.1	45	Yes	410
25/	1.3	127	165	10	7.0	38	Yes	415
26/	1.3	127	165	11	7.0	38	Yes	400
27/	1.6	127	140	11	7.0	37	Yes	422
28/	1.0	127	127	11	6.9	37	Yes	450
29/	1.2	127	152	11	7.0	38	Yes	440
30/	1.3	127	165	11	7.0	38	Yes	435
31/	1.3	127	165	11	7.0	38	Yes	420

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