

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

County:

Name: ID #41: 0029A WTP-: Month/Year: 2-21

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							.03
4							.03
5							.03
6							.03
7							.03
8							.03
9							.03
10							.03
11							.03
12							.03
13							.03
14							.03
15							.06
16							.04
17							.04
18							.04
19							.04
20							.04
21							.03
22							.04
23							.04
24							.04
25							.04
26							.63
27							.03
28							.03
29							
30							
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>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>March 1, 2021</u>
	PHONE #: <u>503 789-3633</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 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: February 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/	0.9	127	114	6	7.1	60	yes	405
2/	1.2	127	152	7	7.1	61	yes	400
3/	1.2	127	152	7	7.1	61	yes	410
4/	1.5	127	190	7	7.2	62	yes	375
5/	1.4	127	178	7	7.2	62	yes	375
6/	1.4	127	178	7	7.1	62	yes	372
7/	1.4	127	178	7	7.1	62	yes	362
8/	1.2	127	152	7	7.1	61	yes	390
9/	1.2	127	152	7	7.1	61	yes	370
10/	1.3	127	165	7	7.1	62	yes	345
11/	1.2	127	152	7	7.1	61	yes	355
12/	1.3	127	165	7	7.1	62	yes	350
13/	1.2	127	152	6	7.1	62	yes	335
14/	0.9	127	114	6	7.1	60	yes	435
15/	0.7	127	89	6	7.1	58	yes	421
16/	0.5	127	64	6	7.1	57	yes	344
17/	0.8	127	102	6	7.1	58	yes	370
18/	1.5	127	191	6	7.1	62	yes	435
19/	1.0	127	127	7	7.1	60	yes	360
20/	1.1	127	139	7	7.1	61	yes	383
21/	1.3	127	165	7	7.1	62	yes	372
22/	1.2	127	152	7	7.1	61	yes	425
23/	1.2	127	152	7	7.1	61	yes	390
24/	1.2	127	152	7	7.1	61	yes	430
25/	1.0	127	127	7	7.1	60	yes	385
26/	1.2	127	152	7	7.1	61	yes	380
27/	0.8	127	102	7	7.1	58	yes	385
28/	1.2	127	152	7	7.0	51	yes	395
29/								
30/								
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