

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

County: Blk

Name: City of Falls City ID #41: 00297 WTP-: Month/Year: 4-21

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							.03
2							.03
3							.03
4							.03
5							.03
6							.03
7							.03
8							.04
9							.04
10							.04
11							.04
12							.04
13							.04
14							.04
15							.04
16							.04
17							.04
18							.04
19							.04
20							.04
21							.04
22							.04
23							.04
24							.05
25							.04
26							.05
27							.04
28							.05
29							.05
30							.05
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 Pore</u> SIGNATURE: <u>[Signature]</u> DATE: <u>4-30-21</u> PHONE #: <u>(503) 787-3631</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 Effl. (OAR 333-061-0040(1)(d)(B&C))

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

Name: Falls City

ID #41: 00297 WTP-: Month/Year: 4-1

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	9	7.0	52	yes	380
2/	1.4	127	178	9	7.0	52	Yes	400
3/	1.3	127	165	10	6.9	39	yes	403
4/	1.2	127	152	10	6.9	38	yes	365
5/	1.2	127	152	10	6.9	38	yes	405
6/	1.4	127	178	10	7.0	39	yes	410
7/	1.2	127	152	10	7.0	38	yes	435
8/	1.0	127	127	10	7.0	37	yes	420
9/	1.3	127	165	9	7.0	52	yes	430
10/	0.9	127	114	10	7.0	37	Yes	435
11/	1.2	127	152	9	7.0	51	Yes	435
12/	1.1	127	140	9	6.9	51	yes	420
13/	1.2	127	152	10	6.9	38	yes	425
14/	1.1	127	140	10	6.9	38	yes	400
15/	1.3	127	165	10	6.9	38	Yes	375
16/	1.4	127	178	10	6.9	38	yes	380
17/	1.4	127	178	11	6.9	38	yes	390
18/	1.3	127	165	11	6.9	38	Yes	390
19/	1.3	127	165	12	6.9	38	yes	435
20/	1.0	127	127	12	6.9	37	yes	385
21/	1.1	127	140	12	6.8	38	yes	385
22/	1.1	127	140	12	6.8	38	Yes	445
23/	1.2	127	152	12	6.9	38	yes	485
24/	1.3	127	165	12	6.9	38	Yes	435
25/	1.1	127	140	11	6.9	38	Yes	435
26/	1.3	127	165	11	6.9	39	yes	430
27/	1.5	127	191	11	6.9	40	yes	480
28/	1.4	127	178	11	6.9	39	yes	425
29/	1.4	127	178	12	6.9	39	Yes	425
30/	1.5	127	191	12	6.9	40	yes	435
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