

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

County:

Name: City of Falls City ID #41: 00797 WTP-: _____ Month/Year: November 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							.06
14							.05
15							.05
16							.05
17							.05
18							.05
19							.05
20							.05
21							.05
22							.05
23							.05
24							.05
25							.05
26							.05
27							.05
28							.05
29							.05
30							.05
31							.05

<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</u> / No</p> <p>All the 4-hour turbidity readings ≤ 1 NTU? <u>Yes</u> / No</p> <p>All turbidity readings < IFE² triggers? <u>Yes</u> / No²</p> <p>Notes:</p>	<p style="text-align: center;">Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <u>Yes</u> / No</p> <p>All Cl₂ residuals at entry point ≥ 0.2 mg/l? <u>Yes</u> / No</p> <p>PRINTED NAME: <u>Jonathon Creechmore</u></p> <p>SIGNATURE: <u>[Signature]</u> DATE: <u>11-30-2021</u></p> <p>PHONE #: <u>(503) 787-3631</u> CERT #:</p>
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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 #41:00247 WTP-: November 2021 Month/Year:

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/	1.4	127	178	13	7.5	47	Yes	380
2/	1.3	127	165	12	7.5	46	Yes	390
3/	1.0	127	127	12	7.5	45	Yes	385
4/	1.2	127	152	12	7.5	46	Yes	380
5/	1.1	127	140	12	7.5	46	Yes	385
6/	1.0	127	127	12	7.5	45	Yes	389
7/	1.3	127	165	12	7.5	46	Yes	400
8/	1.3	127	165	12	7.6	55	Yes	395
9/	1.0	127	127	11	7.6	54	Yes	388
10/	1.3	127	165	11	7.6	55	Yes	395
11/	1.0	127	127	11	7.6	45	Yes	403
12/	1.2	127	152	12	7.5	46	Yes	402
13/	1.1	127	140	12	7.5	45	Yes	410
14/	1.0	127	127	12	7.5	45	Yes	395
15/	1.1	127	140	12	7.4	45	Yes	415
16/	0.9	127	114	12	7.5	45	Yes	405
17/	1.5	127	191	12	7.6	57	Yes	398
18/	1.2	127	152	12	7.6	55	Yes	400
19/	1.2	127	152	11	7.6	55	Yes	400
20/	1.1	127	140	11	7.6	55	Yes	403
21/	1.3	127	165	11	7.6	57	Yes	395
22/	1.2	127	152	11	7.6	55	Yes	405
23/	1.1	127	140	11	7.6	55	Yes	405
24/	1.1	127	140	10	7.5	45	Yes	400
25/	1.1	127	140	10	7.5	45	Yes	400
26/	1.2	127	152	11	7.5	46	Yes	405
27/	1.0	127	127	11	7.5	45	Yes	390
28/	1.0	127	127	11	7.5	45	Yes	405
29/	1.1	127	140	11	7.4	45	Yes	405
30/	1.1	127	140	11	7.3	45	Yes	400
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