

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

County:

Name: City of Falls City ID #41: 00297 WTP: _____ Month/Year: Feb 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							.05
2							.05
3							.05
4							.05
5							.05
6							.05
7							.05
8							.05
9							.05
10							.05
11							.05
12							.05
13							.05
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							.06
29							
30							
31							

<p>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> <hr/> <p>PRINTED NAME: <u>Jonathan Creekmore</u></p> <p>SIGNATURE: <u>[Signature]</u> DATE: <u>3/6/21</u></p> <p>PHONE #: <u>(503) 747-</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 #41:00297 WTP-:

Month/Year:

February 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/	1.2	127	152	7	7.1	61	Yes	380
2/	1.1	127	140	7	7.1	60	Yes	390
3/	1.4	127	178	7	7.1	62	Yes	390
4/	1.3	127	165	7	7.1	61	Yes	380
5/	1.2	127	152	7	7.1	61	Yes	385
6/	1.2	127	152	7	7.2	61	Yes	395
7/	1.3	127	165	7	7.1	61	Yes	430
8/	1.5	127	190	7	7.1	62	Yes	410
9/	1.5	127	190	7	7.1	62	Yes	430
10/	1.5	127	190	7	7.1	62	Yes	405
11/	1.3	127	165	7	7.1	61	Yes	400
12/	1.3	127	165	8	7.1	61	Yes	375
13/	1.2	127	152	8	7.1	61	Yes	400
14/	1.3	127	165	8	7.1	61	Yes	400
15/	1.3	127	165	8	7.1	61	Yes	375
16/	1.3	127	165	8	7.1	61	Yes	400
17/	1.2	127	152	8	7.1	61	Yes	410
18/	1.1	127	140	8	7.1	61	Yes	405
19/	1.4	127	178	8	7.1	62	Yes	390
20/	1.5	127	190	8	7.1	62	Yes	400
21/	1.3	127	165	8	7.1	61	Yes	405
22/	1.2	127	152	8	7.1	61	Yes	400
23/	1.2	127	152	7	7.1	61	Yes	415
24/	1.0	127	127	7	7.1	60	Yes	405
25/	1.1	127	140	7	7.1	60	Yes	425
26/	1.1	127	140	7	7.1	60	Yes	410
27/	1.2	127	152	7	7.1	61	Yes	400
28/	1.0	127	127	7	7.1	60	Yes	410
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