

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

County:

Name: *City of Falls City* ID #41:00297 WTP-: Month/Year: *May 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							.06
7							.06
8							.06
9							.06
10							.06
11							.06
12							.06
13							.06
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							.07
27							.06
28							.06
29							.06
30							.06
31							.06

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
Monthly Summary			
95% of the 4-hour turbidity readings ≤ 0.3 NTU? <i>Yes / No</i>	CT's met everyday? (see back) <i>Yes / No</i>	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <i>Yes / No</i>	
All the 4-hour turbidity readings ≤ 1 NTU? <i>Yes / No</i>			
All turbidity readings < IFE ² triggers? <i>Yes / No</i> ²			
Notes:	PRINTED NAME: <i>Jonathan Creekmore</i>		
	SIGNATURE: <i>[Signature]</i>	DATE: <i>5-31-2022</i>	
	PHONE #: <i>(503) 1787-3631</i>	CERT #:	

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: *May 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/	1.0	127	127	11	6.9	37	Yes	400
2/	1.1	127	140	12	6.9	37	Yes	420
3/	1.1	127	140	11	6.9	37	Yes	425
4/	1.2	127	152	12	6.9	38	Yes	410
5/	1.1	127	139	12	6.9	37	Yes	410
6/	0.9	127	114	12	6.8	37	Yes	368
7/	1.0	127	127	12	6.9	37	Yes	372
8/	1.3	127	165	12	6.9	39	Yes	395
9/	1.6	127	203	11	7.0	40	Yes	450
10/	1.3	127	165	11	7.0	38	Yes	415
11/	1.3	127	165	11	6.9	38	Yes	375
12/	1.2	127	152	12	6.9	38	Yes	380
13/	1.2	127	152	11	6.9	38	Yes	395
14/	1.2	127	152	11	6.9	38	Yes	370
15/	1.3	127	165	12	6.9	38	Yes	400
16/	1.0	127	127	12	6.9	37	Yes	420
17/	1.2	127	152	12	6.8	38	Yes	430
18/	1.0	127	127	13	6.8	37	Yes	375
19/	1.2	127	152	12	6.9	38	Yes	380
20/	1.1	127	139	12	6.8	37	Yes	380
21/	1.2	127	152	12	6.8	38	Yes	375
22/	1.2	127	152	13	6.8	38	Yes	395
23/	1.5	127	190	13	6.8	39	Yes	440
24/	1.3	127	165	13	6.8	38	Yes	390
25/	1.3	127	165	13	6.8	38	Yes	365
26/	1.2	127	152	14	6.8	38	Yes	400
27/	1.2	127	152	14	6.8	38	Yes	380
28/	1.2	127	152	13	6.8	38	Yes	380
29/	1.2	127	152	13	6.8	38	Yes	390
30/	1.1	127	139	13	6.8	37	Yes	450
31/	1.0	127	127	13	6.7	37	Yes	370

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