

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

County:

Name: City of Falls City ID #41: 00297 WTP-: Month/Year: July 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							.07
2							.06
3							.06
4							.06
5							.06
6							.06
7							.07
8							.07
9							.07
10							.07
11							.07
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							.06
27							.06
28							.06
29							.06
30							.06
31							.06

<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> <hr/> <p>PRINTED NAME: <u>Jonathon Creekmore</u></p> <p>SIGNATURE: <u>[Signature]</u> DATE: <u>Aug 1 2022</u></p> <p>PHONE #: <u>(503) 787</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 Efl. (OAR 333-061-0040(1)(d)(B&C))

Received Time Aug. 1. 2022 8:42AM No. 8840

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

Name: City of Falls City

ID #41:00297 WTP-: Month/Year: July 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/	1.4	127	178	17	6.6	26	Yes	456
2/	1.2	127	152	17	6.6	25	Yes	445
3/	1.2	127	152	17	6.6	25	Yes	440
4/	1.3	127	165	16	6.6	25	Yes	450
5/	1.2	127	152	17	6.6	25	Yes	420
6/	1.3	127	165	16	6.6	25	Yes	400
7/	1.1	127	140	17	6.6	25	Yes	390
8/	1.1	127	140	17	6.6	25	Yes	450
9/	1.3	127	165	17	6.6	25	Yes	450
10/	1.3	127	165	17	6.6	25	Yes	445
11/	1.0	127	127	17	6.6	25	Yes	440
12/	1.0	127	127	18	6.5	21	Yes	448
13/	0.91	127	116	18	6.4	21	Yes	450
14/	1.0	127	127	18	6.4	21	Yes	455
15/	1.1	127	140	18	6.4	21	Yes	430
16/	1.2	127	152	17	6.6	25	Yes	455
17/	1.2	127	152	17	6.7	25	Yes	425
18/	1.1	127	140	17	6.7	25	Yes	460
19/	1.2	127	152	17	6.8	25	Yes	445
20/	1.2	127	152	17	6.7	25	Yes	440
21/	1.3	127	165	18	6.7	25	Yes	455
22/	1.3	127	165	18	6.7	25	Yes	450
23/	1.5	127	190	18	6.7	26	Yes	430
24/	1.2	127	152	18	6.8	25	Yes	450
25/	1.4	127	178	18	6.8	26	Yes	460
26/	1.2	127	152	18	6.8	25	Yes	460
27/	0.97	127	123	19	6.7	25	Yes	460
28/	1.1	127	140	19	6.7	25	Yes	470
29/	1.0	127	127	20	6.7	19	Yes	475
30/	1.1	127	140	20	6.7	19	Yes	450
31/	1.1	127	140	20	6.7	19	Yes	470

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