

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

County: *Polk*

Name: *City of Falls City* ID #41: *00297* WTP-: Month/Year: *July 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							.04
2							.04
3							.04
4							.04
5							.04
6							.04
7							.04
8							.04
9							.05
10							.05
11							.05
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							.04
25							.04
26							.04
27							.05
28							.05 ^{RL}
29							.04
30							.04
31							.04

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
Monthly Summary			
95% of the 4-hour turbidity readings ≤ 0.3 NTU? <i>Yes</i> / No	CT's met everyday? (see back) <i>Yes</i> / No	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <i>Yes</i> / No	
All the 4-hour turbidity readings ≤ 1 NTU? <i>Yes</i> / No			
All turbidity readings < IFE ² triggers? <i>Yes</i> / No ²			
Notes:	PRINTED NAME: <i>Jonathon Creekmore</i>		
	SIGNATURE: <i>[Signature]</i>	DATE: <i>8-3-2021</i>	
	PHONE #: <i>(503) 787-3631</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: July 2021

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/	0.8	127	102	19	6.9	24	Yes	445
2/	1.0	127	127	18	6.9	25	Yes	445
3/	1.1	127	140	18	6.9	27	yes	435
4/	.9	127	114	19	6.9	25	yes.	435
5/	.7	127	90	19	6.9	24	yes.	445
6/	1.2	127	152	19	6.9	25	Yes	455
7/	0.9	127	114	19	6.9	25	Yes	455
8/	0.9	127	114	19	7.0	25	Yes	435
9/	1.3	127	165	18	7.0	25	Yes	445
10/	1.3	127	165	19	7.0	25	Yes	435
11/	1.1	127	140	19	7.0	25	Yes	448
12/	1.0	127	127	19	7.0	25	Yes	440
13/	0.9	127	114	19	7.0	25	Yes	440
14/	0.8	127	102	19	7.0	24	Yes	450
15/	1.0	127	127	19	7.0	25	Yes	445
16/	0.9	127	114	18	7.0	25	Yes	450
17/	1.1	127	140	18	7.0	25	yes	442
18/	1.1	127	140	18	7.0	25	yes	447.
19/	1.1	127	140	18	7.1	30	Yes	474
20/	.6	127	76.2	19.	7.	24	yes.	415
21/	.7	127	90.	18	7.	24	yes	457
22/	.8	127	102	18	7	24	yes.	451
23/	1.0	127	127	18	7.1	30	Yes	454
24/	1.2	127	152	18	7.1	31	Yes	452
25/	1.2	127	152	19	7.1	31	Yes	456
26/	0.9	127	114	19	7.1	30	Yes	448
27/	0.8	127	102	20	7.1	22	Yes	446
28/	0.9	127	114	19	7.0	25	Yes	445
29/	1.0	127	127	20	7.0	19	yes	445
30/	1.0	127	127	20	7.0	19	yes.	462
31/	1.0	127	127	20	7.0	19	yes	452

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