

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

County: *Polk*

Name: *City of Falls City* ID #41:00297 WTP: Month/Year: *August 2021*

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1							<i>.04</i>
2							<i>.04</i>
3							<i>.05</i>
4							<i>.05</i>
5							<i>.04</i>
6							<i>.04</i>
7							<i>.04</i>
8							<i>.04</i>
9							<i>.04</i>
10							<i>.04</i>
11							<i>.04</i>
12							<i>.04</i>
13							<i>.04</i>
14							<i>.04</i>
15							<i>.04</i>
16							<i>.05</i>
17							<i>.05</i>
18							<i>.05</i>
19							<i>.04</i>
20							<i>.05</i>
21							<i>.04</i>
22							<i>.04</i>
23							<i>.04</i>
24							<i>.04</i>
25							<i>.04</i>
26							<i>.04</i>
27							<i>.05</i>
28							<i>.04</i>
29							<i>.05</i>
30							<i>.05</i>
31							<i>.05</i>

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> All the 4-hour turbidity readings ≤ 1 NTU? <i>Yes / No</i> All turbidity readings < IFE <sup>2</sup> triggers? <i>Yes / No</i> <sup>2</sup>		CT's met everyday? (see back) <i>Yes / No</i>	All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <i>Yes / No</i>
Notes:		PRINTED NAME: <i>Jonathon Creekmore</i>	
		SIGNATURE: <i>[Signature]</i>	DATE: <i>9-1-2021</i>
		PHONE #: <i>(503) 1787-3631</i>	CERT #:

<sup>1</sup> 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. <sup>2</sup> 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:

August 2021

Log Requirement

(Circle One): 0.5 (1.3)

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1 /	0.90	127	114	20	7.0	19	Yes	444
2 /	0.9	127	114	20	7.0	19	Yes	460
3 /	0.8	127	102	20	7.0	18	Yes	452
4 /	1.0	127	127	20	7.0	19	Yes	450
5 /	0.9	127	114	21	7.0	19	Yes	450
6 /	1.0	127	127	20	7.0	19	Yes	450
7 /	1.0	127	127	20	7.0	19	Yes	444
8 /	1.3	127	165	20	7.0	19	Yes	450
9 /	1.2	127	152	20	7.0	19	Yes	445
10 /	1.2	127	152	20	7.0	19	Yes	455
11 /	1.0	127	127	20	7.0	19	Yes	457
12 /	1.0	127	127	21	6.9	19	Yes	465
13 /	1.1	127	140	21	6.9	19	Yes	450
14 /	1.2	127	153	21	6.9	19	Yes	453
15 /	1.0	127	127	21	6.9	19	Yes	454
16 /	1.0	127	127	21	6.9	19	Yes	462
17 /	1.1	127	140	21	6.9	19	Yes	450
18 /	0.8	127	102	20	7.0	18	Yes	445
19 /	1.3	127	165	20	7.0	19	Yes	440
20 /	1.3	127	165	20	7.1	23	Yes	450
21 /	1.2	127	152	20	7.1	23	Yes	440
22 /	1.3	127	165	19	7.2	31	Yes	442
23 /	1.4	127	178	18	7.2	31	Yes	436
24 /	1.6	127	203	18	7.2	32	Yes	450
25 /	1.3	127	165	18	7.2	31	Yes	430
26 /	1.3	127	165	18	7.2	31	Yes	440
27 /	1.3	127	165	18	7.2	31	Yes	438
28 /	1.5	127	191	18	7.2	31	Yes	429
29 /	1.4	127	178	18	7.2	31	Yes	438
30 /	1.4	127	178	19	7.2	31	Yes	445
31 /	1.0	127	127	18	7.1	30	Yes	436

<sup>3</sup> If Cl<sub>2</sub> 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](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf)Return by 10<sup>th</sup> 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