

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

County: *Polk*

Name: *City of Falls City* ID #41: *00297* WTP:- Month/Year: *October 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>.05</i>
2							<i>.05</i>
3							<i>.05</i>
4							<i>.05</i>
5							<i>.05</i>
6							<i>.05</i>
7							<i>.05</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>.04</i>
17							<i>.04</i>
18							<i>.04</i>
19							<i>.04</i>
20							<i>.04</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>.05</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</i> / No All the 4-hour turbidity readings ≤ 1 NTU? <i>Yes</i> / No All turbidity readings < IFE <sup>2</sup> triggers? <i>Yes</i> / No <sup>2</sup>		CT's met everyday? (see back) <i>Yes</i> / No	All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <i>Yes</i> / No
Notes:		PRINTED NAME: <i>Jonathan Creelmore</i>	
		SIGNATURE: <i>[Signature]</i>	DATE: <i>11-1-2021</i>
		PHONE #: <i>(503) 787-3631</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 = Individual Filter Eff. (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:

October 2021

Log Requirement

(Circle One): 0.5 1.0

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/	1.0	127	127	16	7.4	30	Yes	400
2/	1.6	127	203	16	7.4	32	Yes	402
3/	1.1	127	140	16	7.4	30	Yes	400
4/	1.2	127	152	16	7.4	31	Yes	407
5/	1.3	127	165	16	7.4	31	Yes	385
6/	1.3	127	165	16	7.4	31	Yes	345
7/	1.3	127	165	15	7.4	31	Yes	385
8/	1.3	127	165	15	7.4	31	Yes	395
9/	1.4	127	178	15	7.5	31	Yes	377 <sup>gpm</sup>
10/	1.4	127	178	15	7.5	31	Yes	384
11/	1.2	127	152	15	7.5	31	Yes	386
12/	1.1	127	140	15	7.5	31	Yes	352
13/	1.2	127	152	14	7.5	46	Yes	368
14/	1.2	127	152	13	7.5	46	Yes	378
15/	1.2	127	152	13	7.5	46	Yes	364
16/	1.2	127	152	13	7.5	46	Yes	392
17/	1.2	127	152	13	7.5	46	Yes	400
18/	1.3	127	165	13	7.5	46	Yes	400
19/	1.4	127	178	13	7.5	47	Yes	338
20/	1.2	127	152	13	7.5	46	Yes	338
21/	1.2	127	152	13	7.2	46	Yes	410
22/	1.3	127	165	13	7.3	46	Yes	450
23/	1.0	127	127	13	7.3	46	Yes	448 gpm
24/	1.0	127	127	13	7.3	46	Yes	390
25/	1.7	127	216	13	7.3	49	Yes	410
26/	1.3	127	165	13	7.3	46	Yes	385
27/	1.2	127	152	13	7.3	46	Yes	395
28/	1.2	127	152	13	7.4	46	Yes	386
29/	1.1	127	140	13	7.4	45	Yes	404
30/	1.2	127	152	13	7.3	46	Yes	393
31/	1.3	127	165	13	7.4	46	Yes	370

<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