

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

County: *Polk*

Name: *City of Falls City* ID #41: *00797* WTP: Month/Year: *Jan 2022*

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>.06</i>
4							<i>.06</i>
5							<i>.06</i>
6							<i>.06</i>
7							<i>.06</i>
8							<i>.06</i>
9							<i>.06</i>
10							<i>.06</i>
11							<i>.05</i>
12							<i>.05</i>
13							<i>.05</i>
14							<i>.05</i>
15							<i>.05</i>
16							<i>.05</i>
17							<i>.05</i>
18							<i>.05</i>
19							<i>.05</i>
20							<i>.05</i>
21							<i>.05</i>
22							<i>.05</i>
23							<i>.05</i>
24							<i>.05</i>
25							<i>.05</i>
26							<i>.05</i>
27							<i>.05</i>
28							<i>.05</i>
29							<i>.05</i>
30							<i>.05</i>
31							<i>.05</i>

<p><b>Conventional or Direct Filtration</b></p> <p style="text-align: center;"><b>Monthly Summary</b></p> <p>95% of the 4-hour turbidity readings ≤ 0.3 NTU? <i>Yes / No</i></p> <p>All the 4-hour turbidity readings ≤ 1 NTU? <i>Yes / No</i></p> <p>All turbidity readings &lt; IFE<sup>2</sup> triggers? <i>Yes / No</i><sup>2</sup></p> <p>Notes:</p>	<p style="text-align: center;"><b>Monthly Summary (Answer Yes or No)</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">CT's met everyday? (see back) <i>Yes / No</i></td> <td style="width: 50%;">All Cl<sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <i>Yes / No</i></td> </tr> </table> <p>PRINTED NAME: <i>Jonathon Creekmore</i></p> <p>SIGNATURE: <i>[Signature]</i> DATE: <i>2-1-2022</i></p> <p>PHONE #: <i>(503) 767-3631</i> CERT #:</p>	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>
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>		

<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 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: *January 2022*

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/	1.2	127	152	5	7.2	61	Yes	385
2/	1.1	127	140	6	7.2	60	Yes	390
3/	1.2	127	152	6	7.2	61	Yes	390
4/	1.2	127	152	6	7.2	61	Yes	370
5/	1.1	127	140	6	7.3	60	Yes	385
6/	1.1	127	140	6	7.3	60	Yes	375
7/	1.2	127	152	6	7.3	61	Yes	390
8/	1.2	127	152	6	7.3	61	Yes	375
9/	1.1	127	140	6	7.3	60	Yes	390
10/	1.3	127	165	7	7.3	61	Yes	385
11/	1.3	127	165	7	7.3	61	Yes	385
12/	1.2	127	152	7	7.3	61	Yes	385
13/	1.3	127	165	7	7.2	61	Yes	380
14/	1.2	127	152	7	7.3	61	Yes	380
15/	1.1	127	140	7	7.2	60	Yes	380
16/	1.2	127	152	7	7.2	61	Yes	390
17/	1.1	127	140	7	7.2	60	Yes	390
18/	1.2	127	152	7	7.2	61	Yes	395
19/	1.4	127	178	7	7.2	62	Yes	380
20/	1.2	127	152	7	7.2	61	Yes	390
21/	1.1	127	140	7	7.2	60	Yes	395
22/	1.0	127	127	7	7.2	60	Yes	390
23/	1.4	127	178	7	7.2	62	Yes	370
24/	1.2	127	152	7	7.2	61	Yes	400
25/	1.1	127	140	7	7.2	60	Yes	395
26/	1.2	127	152	7	7.1	61	Yes	390
27/	1.2	127	152	7	7.1	61	Yes	390
28/	1.3	127	165	7	7.1	61	Yes	380
29/	1.3	127	165	7	7.1	61	Yes	380
30/	1.4	127	178	7	7.2	62	Yes	390
31/	1.1	127	140	7	7.1	60	Yes	390

<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