

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

County: *Polk*

Name: *City of Falls City* ID #41: *00297* WTP-: Month/Year: *Aug 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							.06
2							.06
3							.06
4							.05
5							.06
6							.05
7							.05
8							.05
9							.05
10							.05
11							.05
12							.05
13							.05
14							.05
15							.05
16							.05
17							.05
18							.05
19							.04
20							.04
21							.05
22							.05
23							.05
24							.05
25							.05
26							.05
27							.05
28							.05
29							.05
30							.05
31							.05

Conventional or Direct Filtration <b>Monthly Summary</b>		Monthly Summary (Answer Yes or No)	
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 Creekmore</i>	SIGNATURE: <i>[Signature]</i> DATE: <i>8-31-2022</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 = 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: Aug 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/	1.1	127	140	20	6.7	19	Yes	460
2/	0.96	127	122	20	6.7	19	Yes	420
3/	1.2	127	152	20	6.8	19	Yes	470
4/	1.4	127	179	20	6.8	19	Yes	465
5/	1.4	127	178	19	6.8	26	Yes	450
6/	1.2	127	152	19	6.8	25	Yes	445
7/	1.2	127	152	19	6.9	25	Yes	460
8/	1.1	127	140	20	6.9	19	Yes	445
9/	1.0	127	127	19	6.9	25	Yes	435
10/	1.0	127	127	19	6.8	25	Yes	435
11/	1.3	127	165	18	6.9	25	Yes	425
12/	1.3	127	165	18	6.9	25	Yes	425
13/	1.5	127	191	18	6.9	26	Yes	428
14/	1.4	127	179	18	6.9	26	Yes	430
15/	1.5	127	190	18	6.9	26	Yes	450
16/	1.3	127	165	19	6.9	20	Yes	440
17/	1.2	127	152	19	6.8	25	Yes	460
18/	1.3	127	165	20	6.8	19	Yes	475
19/	1.2	127	152	20	6.8	19	Yes	445
20/	1.2	127	152	20	6.8	19	Yes	425
21/	1.3	127	165	20	6.8	19	Yes	420
22/	1.2	127	152	20	6.8	19	Yes	450
23/	1.1	127	140	20	6.8	19	Yes	425
24/	1.3	127	165	20	6.8	19	Yes	460
25/	1.2	127	152	20	6.8	19	Yes	425
26/	1.3	127	165	20	6.8	19	Yes	455
27/	1.5	127	191	20	6.8	20	Yes	440
28/	1.2	127	152	19	6.8	25	Yes	430
29/	1.3	127	165	18	6.9	25	Yes	420
30/	1.3	127	165	18	6.9	25	Yes	410
31/	1.4	127	178	19	6.9	26	Yes	465

<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