

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

County: *Polk*

Name: *City of Falls City* ID #41: *00297* WTP-: Month/Year: *5/10 2022*

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							.05
2							.04
3							.04
4							.04
5							.04
6							.04
7							.04
8							.04
9							.04
10							.04
11							.04
12							.04
13							.04
14							.07
15							.05
16							.04
17							.04
18							.04
19							.04
20							.04
21							.04
22							.04
23							.04
24							.04
25							.04
26							.04
27							.04
28							.04
29							.05
30							.05
31							

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
Monthly Summary 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All turbidity readings < IFE ² triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No ²		CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
Notes:		PRINTED NAME: <i>Jonathan Creechmore</i>	
		SIGNATURE: <i>[Signature]</i>	DATE: <i>10-1-2022</i>
		PHONE #: <i>(503) 1787-3631</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: Sep 2022 Log Requirement (Circle One): 0.5 1.0 Sep 2022

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/	1.2	127	152	19	6.9	25	Yes	458
2/	1.2	127	152	19	6.9	25	Yes	425
3/	1.3	127	165	19	6.9	25	Yes	420
4/	1.2	127	152	18	6.9	25	Yes	420
5/	1.2	127	152	18	6.9	25	Yes	400
6/	1.2	127	152	18	6.9	25	Yes	400
7/	1.2	127	152	18	6.4	25	Yes	435
8/	1.2	127	152	18	6.9	25	Yes	450
9/	1.4	127	178	18	6.9	26	Yes	435
10/	1.4	127	178	18	7.0	26	Yes	450
11/	1.2	127	152	18	7.0	25	Yes	434
12/	1.2	127	152	17	7.0	25	Yes	425
13/	1.1	127	140	18	7.0	25	Yes	420
14/	1.1	127	140	17	7.0	25	Yes	415
15/	1.2	127	152	17	7.1	31	Yes	390
16/	1.7	127	216	17	7.1	33	Yes	390
17/	1.4	127	178	17	7.1	31	Yes	455
18/	1.5	127	191	17	7.1	32	Yes	400
19/	1.4	127	178	17	7.0	26	Yes	420
20/	1.3	127	165	17	7.1	31	Yes	465
21/	1.5	127	190	17	7.0	26	Yes	450
22/	1.4	127	178	17	7.0	26	Yes	390
23/	1.4	127	178	17	7.0	26	Yes	395
24/	1.3	127	165	17	7.1	31	Yes	455
25/	1.1	127	140	17	7.0	25	Yes	430
26/	1.3	127	165	17	7.0	25	Yes	455
27/	1.1	127	140	17	7.0	25	Yes	415
28/	1.07	127	127	17	7.0	25	Yes	410
29/	0.98	127	124	17	7.0	25	Yes	370
30/	1.1	127	140	17	7.0	25	Yes	
31/								

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours
 Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf Revised September 2016

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