

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

County:

Name: City of Falls City ID #41: 00297 WTP-: _____ Month/Year: Nov 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							.03
2							.03
3							.03
4							.03
5							.03
6							.03
7							.03
8							.03
9							.03
10							.03
11							.03
12							.03
13							.03
14							.03
15							.03
16							.03
17							.03
18							.03
19							.03
20							.03
21							.03
22							.03
23							.03
24							.03
25							.03
26							.03
27							.03
28							.03
29							.03
30							.03
31							.03

Conventional or Direct Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings ≤ 0.3 NTU? <u>Yes / No</u> All the 4-hour turbidity readings ≤ 1 NTU? <u>Yes / No</u> All turbidity readings < IFE ² triggers? <u>Yes / No</u> ²	CT's met everyday? (see back) <u>Yes / No</u>	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <u>Yes / No</u>	
Notes:		PRINTED NAME: <u>Jonathan Creekmore</u>	
		SIGNATURE: <u>[Signature]</u>	DATE: <u>12-1-2022</u>
		PHONE #: <u>(508) 787-3631</u>	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: Mont Year: NOV 2022 Log Requirement (Circle One): 0.5 **1.0**

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/	1.3	127	165	11	7.3	47	Yes	390
2/	1.4	127	178	11	7.3	47	Yes	390
3/	1.3	127	165	11	7.4	47	Yes	380
4/	1.2	127	152	11	7.4	46	Yes	360
5/	1.3	127	165	10	7.4	47	Yes	400
6/	1.4	127	178	10	7.4	47	Yes	450
7/	1.2	127	152	10	7.4	46	Yes	440
8/	1.2	127	152	10	7.5	46	yes	402
9/	1.0	127	140	8.9	7.5	61	Yes	410
10/	.57	127	72	8	7.5	57	Yes	420
11/	.97	127	123	8	7.5	60	Yes	380
12/	2.1	127	266	8	7.7	81	Yes	420
13/	1.2	127	152	8	7.7	74	Yes	440
14/	1.4	127	178	8	7.7	76	yes	390
15/	1.3	127	165	8	7.7	76	Yes	420
16/	1.2	127	152	8	7.7	74	Yes	430
17/	1.5	127	190	7	7.7	76	Yes	370
18/	1.3	127	165	7	7.7	76	Yes	420
19/	1.1	127	140	7	7.7	74	Yes	415
20/	1.1	127	140	7	7.7	74	Yes	390
21/	1.1	127	140	6	7.6	72	yes	440
22/	1.8	127	229	6	7.7	74	yes	420
23/	1.3	127	165	6	7.7	76	yes	410
24/	1.1	127	140	6	7.7	72	Yes	425
25/	1.2	127	152	7	7.6	74	Yes	410
26/	1.0	127	127	7	7.6	72	Yes	380
27/	1.0	127	127	7	7.5	60	Yes	415
28/	1.0	127	127	7	7.5	60	yes	410
29/	1.1	127	140	7	7.5	60	Yes	420
30/	1.1	127	140	7	7.5	61	Yes	410
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