

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

County: *Polk*

Name: *City of Falls City* ID #41: *00097* WTP-: Month/Year: *May 2023*

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							.04
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							.04
15							.05
16							.05
17							.05
18							.05
19							.05
20							.05
21							.05
22							.05
23							.05
24							.05
25							.05
26							.05
27							.05
28							.06
29							.06
30							.06
31							.06

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MAY 31 2023
Certification
Drinking Water Services

Conventional or Direct

Filtration

Monthly Summary (Answer Yes or No)

Monthly Summary

95% of the 4-hour turbidity readings < 0.3 NTU? Yes / No
 All the 4-hour turbidity readings < 1 NTU? Yes / No
 All turbidity readings < IFE¹ triggers? Yes / No²

CT's met everyday? (see back) Yes / No

All Cl₂ residuals at entry point ≥ 0.2 mg-l? Yes / No

Notes:

PRINTED NAME: *Jonathan Crommore*
 SIGNATURE: *[Signature]* DATE: *5-31-23*
 PHONE #: *(503) 747-3631* 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 = In-line Filter Eff. OAR 333-061-0040(1)(b)(B&C)

OHA - Drinking Water Program - Surface Water Quality Data Form - Giardia Inactivation

Name: City of Falls City

ID #41: 00297WTP Month: May Year: 2023

Log Requirement (Circle One): 0.5 (1.0)

Date Time	Minimum Chlorine Residual at 1" User (C/F)	Contact Time (T)	Actual CT	Temp (C)	pH	Required CT	CT Met?	Peak Hour Demand Factor (GPM)
	[ppm or mg/L]	[minutes]	CXT	[C]		Use tables	Yes No	
1	1	127	127	12	6.2	31	Yes	430
2	1	127	127	11	6.2	31	Yes	390
3	1.1	127	140	11	6.2	31	Yes	404
4	1	127	127	11	6.2	31	Yes	413
5	1.4	127	178	11	6.3	33	Yes	427
6	1.4	127	178	11	6.3	33	Yes	408
7	1.5	127	191	11	6.3	33	Yes	440
8	1.3	127	165	11	6.3	33	Yes	437
9	1.3	127	165	11	6.3	33	Yes	409
10	1.4	127	178	11	6.3	33	Yes	430
11	1.3	127	165	11	6.3	32	Yes	419
12	1.2	127	152	11	6.2	32	Yes	398
13	1.2	127	152	12	6.2	32	Yes	456
14	1.1	127	140	13	6.1	31	Yes	440
15	1.4	127	178	13	6.1	33	Yes	450
16	1.1	127	140	15	6	18	Yes	436
17	1	127	127	15	6	9	Yes	433
18	1	127	127	15	5.9	9	Yes	433
19	0.9	127	114	15	5.9	18	Yes	442
20	0.9	127	114	15	5.9	18	Yes	435
21	0.9	127	114	15	5.9	18	Yes	455
22	1.2	127	152	14	6	27	Yes	470
23	1.4	127	177	13	6	27	Yes	400
24	1.4	127	177	13	6.2	33	Yes	429
25	1.4	127	177	13	6.1	33	Yes	471
26	1.5	127	191	13	6.1	33	Yes	448
27	1.3	127	165	14	6.1	33	Yes	430
28	1.1	127	140	14	6.1	32	Yes	423
29	1.1	127	140	14	6.1	32	Yes	445
30	1.1	127	140	14	6.1	32	Yes	458
31	1	127	127	13	6.1	31	Yes	425

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MAY 31 2023

Return by 10th of following month by email, fax, or mail to: