

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

County: *Polk*

Name: *City of Falls City* ID #41: *00297* WTP-: Month/Year: *July 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							.12
2							.09
3							.08
4							.13
5							.11
6							.15
7							.11
8							.11
9							.13
10							.07
11							.09
12							.07
13							.05
14							.05
15							.04
16							.05
17							.05
18							.05
19							.05
20							.05
21							.04
22							.05
23							.05
24							.04
25							.04
26							.04
27							.05
28							.04
29							.04
30							.05
31							.05

RECEIVED
JUL 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 trigger? Yes / No²

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

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

Notes:

PRINTED NAME: *Jonathan Crackmore*

SIGNATURE: *[Signature]*

DATE: *7-31-20*

PHONE #: *(503) 767-3631*

CERT #:

¹ Including continuous turbidity data if applicable for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" do not correspond to continuous readings maximum.
² IFE = In-line Filter Eff. (OAR 333-061-00-01 (a) (4) (B&C))

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

Name: City of Falls City

ID #41: 00291

WTP: _____

Month/Year: July 2023

Log Requirement (Circle One): 0.5 1.0

Date Time	Minimum Cl Residual at 1st User (Cl) ³	Contact Time T ₁	Actual CT	Temp	pH	Required CT	CT Met?	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes No	[GPM]
1	1.3	127	165	17	6.1	21	Yes	447
2	1	127	127	17	6	21	Yes	445
3	1.1	127	139	17	6	21	Yes	460
4	0.9	127	114	17	6	18	Yes	445
5	1	127	127	17	6	18	Yes	460
6	0.9	127	114	17	6	18	Yes	466
7	1	127	127	17	6	18	Yes	454
8	1.3	127	165	17	6.8	25	Yes	455
9	1.2	127	152	17	6.8	25	Yes	440
10	1.3	127	165	17	6.8	25	Yes	461
11	1.4	127	178	16	6.9	26	Yes	440
12	1.5	127	191	16	6.9	26	Yes	452
13	1.1	127	140	17	6.9	25	Yes	465 gpm
14	1	127	127	17	6.8	25	Yes	460
15	1	127	127	17	6.7	25	Yes	444
16	1.1	127	140	18	6.7	25	Yes	469
17	1	127	127	18	6.6	25	Yes	468
18	1.2	127	152	18	6.7	25	Yes	455
19	1.1	127	139	17	6.7	25	Yes	465
20	1.1	127	139	17	6.7	25	Yes	462
21	1	127	127	18	6.8	25	Yes	460
22	1.2	127	152	18	6.7	25	Yes	454
23	1.3	127	165	18	6.7	25	Yes	446
24	1.4	127	177	18	6.7	26	Yes	471
25	1.1	127	140	18	6.7	25	Yes	434
26	1.2	127	152	17	6.8	25	Yes	449
27	1.2	127	152	17	6.8	25	Yes	465
28	1.4	127	178	17	6.8	26	Yes	458
29	1.2	127	152	17	6.8	25	Yes	445
30	1.2	127	152	17	6.8	25	Yes	451
31	1.3	127	165	17	6.8	25	Yes	469

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