

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 2023

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							.05
2							.05
3							.05
4							.05
5							.06
6							.06
7							.06
8							.05
9							.05
10							.06
11							.05
12							.05
13							.05
14							.05
15							.06
16							.05
17							.05
18							.05
19							.05
20							.05
21							.06
22							.06
23							.06
24							.06
25							.06
26							.07
27							.06
28							.06
29							.06
30							.07
31							.06

Conventional or Direct

Filtration

Monthly Summary

Monthly Summary (Answer Yes or No)

95% of the 4-hour turbidity readings  $\leq$  0.3 NTU? Yes / No  
 All the 4-hour turbidity readings  $\leq$  1 NTU? Yes / No  
 All turbidity readings  $\leq$  IFE<sup>2</sup> triggers? Yes / No<sup>2</sup>

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

All Cl residuals at entry point  $\geq$  0.2 mg/l? Yes / No

Notes:

PRINTED NAME: Jonathon Creekmore

SIGNATURE: [Signature] DATE: 8-31-2023

PHONE #: (503) 787-3631 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 = In-line Filter Efficiency (OAR 333-061-0040(1)(a)(B&C))

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

Name: Falls City WTP

ID #41: 00297 WTP:

Month/Year: August 2023

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]
1/8-1	1.4	127	178	17	6.9	26	Yes	468
2/	1.2	127	152	18	6.8	25	Yes	468
3/	1.2	127	152	18	6.8	25	Yes	463
4/	1.3	127	165	18	6.8	25	Yes	461
5/	1.3	127	165	18	6.7	25	Yes	466
6/	1.3	127	165	18	6.7	25	Yes	452
7/	1.1	127	140	18	6.7	25	Yes	445
8/	1.1	127	140	18	6.7	25	Yes	466
9/	1.2	127	152	18	6.7	25	Yes	465
10/	1.7	127	215	18	6.7	26	Yes	469
11/	1.4	127	178	18	6.7	26	Yes	455
12/	1.3	127	165	18	6.7	26	Yes	467
13/	1.1	127	140	18	6.6	25	Yes	470
14/	1.2	127	152	19	6.6	25	Yes	467
15/	1.1	127	140	20	6.6	19	Yes	460
16/	1	127	127	20	6.5	19	Yes	465
17/	1	127	127	20	6.4	19	Yes	464
18/	1.1	127	140	20	6.4	19	Yes	473
19/	1.1	127	140	19	6.5	21	Yes	472
20/	1.4	127	178	19	6.5	22	Yes	445
21/	1.4	127	178	18	6.6	26	Yes	466
22/	1.4	127	178	18	6.7	26	Yes	469
23/	1.2	127	152	18	6.7	25	Yes	462
24/	1	127	127	17	6.7	25	Yes	460
25/	1	127	127	17	6.7	25	Yes	464
26/	1	127	127	18	6.7	25	Yes	429
27/	1.1	127	140	18	6.7	25	Yes	456
28/	1.3	127	165	18	6.7	25	Yes	471
29/	1.2	127	152	18	6.7	25	Yes	471
30/	1.2	127	152	17	6.8	25	Yes	435
31/	1.2	127	203	17	6.8	26	Yes	427

<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 2018

Download form at: [public.health.oregon.gov/Health/Environment/Drinking/Water/Monitoring/Documents/2016-09-14-wrform.pdf](http://public.health.oregon.gov/Health/Environment/Drinking/Water/Monitoring/Documents/2016-09-14-wrform.pdf)

Return by 10<sup>th</sup> of following month by email, fax, or mail to:

owd@ode.state.or.us 971-673-0664, or Drinking Water Services, PO Box 14350, Portland, OR 97223-0350