

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

County: *Polk*

Name: *City of Falls City* ID #41: *00297* WTP-: Month/Year: *Dec 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							.05
4							.04
5							.05
6							.05
7							.06
8							.04
9							.04
10							.04
11							.04
12							.04
13							.04
14							.04
15							.04
16							.04
17							.04
18							.04
19							.03
20							.04
21							.04
22							.04
23							.04
24							.04
25							.04
26							.04
27							.04
28							.04
29							.04
30							.04
31							.04

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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 < 1 FF¹ happens? Yes / No²

Notes:

CT's met e₉₀/day? (see back) Yes / No

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

PRINTED NAME: *Jonathan Creekmore*

SIGNATURE: *[Signature]* DATE: *12-31-23*

PHONE #: *(503) 787-3631* 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 Efficiency (OAR 333-061-00-001) per B&C

Received Time Jan. 2, 2024 10:30AM No. 0055

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

Name: City of Falls City

ID #41: 00397 WTP:

Month Year: December 2023

Log Requirement (Circle One): 0.5 (1)

Date Time	Minimum Chlorine Residual at 1' User (Cl ₂)	Contact Time (T ₁)	Actual CT	Temp (°C)	FH	Required CT	CT Met?	Peak Hour Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[°C]		Use tables	Yes No	[GPM]
1	1.0	127	127	6	7.3	60	Yes	336
2	1.0	127	127	6	7.2	60	Yes	328
3	1.0	127	127	6	7.2	60	Yes	328
4	1.5	127	191	7	7.1	62	Yes	320
5	1.5	127	191	8	7.1	62	Yes	369
6	1.1	127	139	7	8	72	Yes	373
7	1.2	127	152	8	7.0	51	Yes	328
8	1.3	127	165	10	7.0	38	Yes	372
9	1.5	127	191	9	7.1	64	Yes	348
10	1.5	127	191	8	7.1	62	Yes	346
11	1.5	127	191	8	7.1	62	Yes	418
12	1.4	127	178	8	7.1	62	Yes	337
13	1.4	127	178	8	7.1	62	Yes	338
14	1.5	127	191	8	7.1	62	Yes	355
15	1	127	127	8	7.1	60	Yes	351
16	1.3	127	191	7	7.1	61	Yes	349
17	1.2	127	152	7	7.1	61	Yes	344
18	1.3	127	165	7	7.2	62	Yes	368
19	1.3	127	165	7	7.1	62	Yes	356
20	1.2	127	152	7	7.1	61	Yes	356gpm
21	1.2	127	152	7	7.1	61	Yes	361
22	1.3	127	165	8	7.1	61	Yes	373
23	1.3	127	165	7	7.1	61	Yes	345
24	1.3	127	165	7	7.1	61	Yes	374
25	1.4	127	178	7	7.1	62	Yes	375
26	1.2	127	152	6	7.1	61	Yes	366
27	1.1	127	139	7	7.1	60	Yes	373
28	1.1	127	139	7	7.0	50	Yes	368
29	1.90	127	114	7	7	50	Yes	364
30	1	127	127	7	7	51	Yes	372
31	1.2	127	152	8	7.1	51	Yes	378

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