

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

County: Polk

Name: City of Falls City ID #41: 00797 WTP: \_\_\_\_\_ Month/Year: Feb 2024

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

Conventional or Direct Filtration

Monthly Summary	Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / No		
All turbidity readings < IFE <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / No <sup>2</sup>		
Notes:	PRINTED NAME: <u>Jonathon Creekmore</u>	SIGNATURE: <u>[Signature]</u> DATE: <u>2-29-2024</u>
	PHONE #: <u>(503) 787-3631</u>	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 Effluent (OAR 333-061-00-0(1)(c)(B&C))

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

Name: City of Falls City

ID #41: 00297

WTP: \_\_\_\_\_

Month/Year: February 2004

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/	1.3	127	165	8	7.0	51	Yes	355
2/	1.2	127	152	8	6.9	51	Yes	352
3/	1.2	127	152	8	7.0	51	Yes	356
4/	1.2	127	152	7	7.0	51	Yes	350
5/	1.1	127	139	7	7	50	Yes	359
6/	1.3	127	165	7	7	51	Yes	365
7/	1.3	127	165	7	7	51	Yes	356
8/	1.3	127	165	7	7	51	Yes	330
9/	1.2	127	152	7	7	51	Yes	338
10/	1.2	127	152	7	7.1	61	Yes	338
11/	1.3	127	165	7	7.1	62	Yes	339
12/	1.3	127	165	7	7.1	62	Yes	334
13/	1.3	127	165	7	7.1	62	Yes	335
14/	1.4	127	178	7	7.1	62	Yes	310
15/	1.3	127	165	7	7.1	62	Yes	350
16/	1.2	127	152	7	7.1	61	Yes	348
17/	1.1	127	139	7	7.1	61	Yes	344
18/	1.5	127	191	7	7.2	62	Yes	359
19/	1.4	127	178	7	7.2	62	Yes	346
20/	1.4	127	178	7	7.2	62	Yes	328
21/	1.3	127	165	7	7.2	62	Yes	323
22/	1.4	127	178	7	7.2	62	Yes	353
23/	1.3	127	165	7	7.2	62	Yes	332
24/	1.2	127	152	7	7.1	61	Yes	341
25/	1.4	127	178	7	7.1	62	Yes	348
26/	1.2	127	152	8	7.1	61	Yes	335
27/	1.2	127	152	8	7.1	61	Yes	334
28/	1.4	127	178	7	7.1	62	Yes	324
29/	1.3	127	152	7	7.1	61	Yes	330
30/								
31/								

<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 2016

Download form at: [public.health.oregon.gov/Health/Environment/DrinkingWater/Monitoring/Documents/twt-009-1-03-03.pdf](http://public.health.oregon.gov/Health/Environment/DrinkingWater/Monitoring/Documents/twt-009-1-03-03.pdf)

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

twt@dnr.state.or.us 503-673-0694 or Drinking Water Services, PO Box 14356, Portland, OR 97243-0356