

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

County: Polk

Name: City of Falls City ID #41: 00297 WTP-: \_\_\_\_\_ Month/Year: March 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							.06
2							.05
3							.05
4							.05
5							.05
6							.05
7							.05
8							.06
9							.06
10							.06
11							.06
12							.06
13							.06
14							.06
15							.06
16							.06
17							.06
18							.16
19							.08
20							.20
21							.12
22							.06
23							.05
24							.05
25							.05
26							.05
27							.04
28							.06
29							.06
30							.05
31							.04

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
Monthly Summary			
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 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?			
Notes:		PRINTED NAME: <u>Jonathan Creekmore</u>	
		SIGNATURE: <u>[Signature]</u> DATE: <u>3-31-2024</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 333-061-0040(1)(B)&(C))

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

Name: City of Falls City

ID #41: 00297WTP:

Month/Year: March 2024

Log Requirement (Circle One): 0.5  1.0

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st 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	7	7.1	61	Yes	336
2/	1.2	127	152	7	7.1	61	Yes	336
3/	1.3	127	165	6	7.2	61	Yes	348
4/	1.5	127	190	6	7.2	62	Yes	346
5/	1.4	127	178	5	7.2	62	Yes	324
6/	1.4	127	178	5	7.2	62	Yes	317
7/	1.3	127	165	6	7.1	61	Yes	301
8/	0.8	127	101	6	7	49	Yes	319
9/	0.9	127	114	6	7	49	Yes	334
10/	1	127	127	6	6.9	50	Yes	347
11/	1.3	127	165	6	7	51	Yes	361
12/	1.3	127	165	6	7	51	Yes	330
13/	1.5	127	190	6	7	52	Yes	324
14/	1.8	127	229	6	7.1	65	Yes	336
15/	1.9	127	241	7	7.1	65	Yes	335
16/	0.6	127	76	7	6.9	48	Yes	330
17/	1.1	127	140	8	6.9	50	Yes	340
18/	1.3	127	165	18	6	18	Yes	368
19/	1.1	127	139	8	6.9	50	Yes	368
20/	2.5	127	318	8	7	84	Yes	379
21/	1.1	127	139	8	7.1	60	Yes	372
22/	1.7	127	216	8	7.1	64	Yes	368
23/	1.6	127	203	8	7	53	Yes	365
24/	1.7	127	216	8	7.1	64	Yes	348
25/	1.3	127	165	8	7.1	61	Yes	365
26/	1.3	127	165	8	7	51	Yes	360
27/	1.2	127	152	8	6.9	51	Yes	360
28/	1.2	127	152	8	6.9	51	Yes	359
29/	1	127	127	8	6.9	50	Yes	353
30/	0.8	127	102	8	6.8	49	Yes	350
31/	1.1	127	139	8	6.8	50	Yes	362

<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/arc-009-1-2-001.pdf](http://public.health.oregon.gov/Health/Environment/DrinkingWater/Monitoring/Documents/arc-009-1-2-001.pdf)

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

oeh@state.or.us, 503-673-0894 or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350