

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

County: *Polk*

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

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
Monthly Summary 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <i>Yes / No</i> All the 4-hour turbidity readings ≤ 1 NTU? <i>Yes / No</i> All turbidity readings ≤ IFE <sup>2</sup> triggers? <i>Yes / No</i> <sup>2</sup>		CT's met everyday? (see back) <i>Yes / No</i> All Cl. residuals at entry point ≥ 0.2 mg/l? <i>Yes / No</i>	
Notes:		PRINTED NAME: <i>Jonathon Creekmore</i> SIGNATURE: <i>[Signature]</i> DATE: <i>4-30-2024</i> PHONE #: <i>(503) 787-3631</i> 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. IFE = In-line Filter Efficiency (OAR 333-061-00-00(1)(a)B&C)

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

Name: City of Falls City

ID #41: 00297 WTP: \_\_\_\_\_

Month/Year: April 2024

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/	1.0	127	127	8	6.8	50	Yes	371
2/	1.2	127	152	9	6.8	51	Yes	348
3/	1.2	127	152	9	6.8	51	Yes	332
4/	1.3	127	165	10	6.9	39	Yes	376
5/	1.3	127	165	9	6.9	53	Yes	366
6/	1.3	127	165	8	7	52	Yes	352
7/	1.1	127	140	8	7	50	Yes	360
8/	1.4	127	178	8	7	52	Yes	345
9/	1.3	127	165	8	7	52	Yes	354
10/	1.1	127	140	8	6.9	50	Yes	350
11/	1.2	127	152	9	6.8	51	Yes	363
12/	1.1	127	140	9	6.8	51	Yes	366
13/	1.2	127	152	10	6.8	38	Yes	360
14/	1.2	127	152	10	6.8	38	Yes	362
15/	1.1	127	140	10	6.8	37	Yes	366
16/	1.2	127	152	10	6.8	38	Yes	351
17/	1.1	127	140	9	6.9	51	Yes	363
18/	1.3	127	165	8	7	51	Yes	378
19/	1.4	127	178	9	6.9	53	Yes	351
20/	1.3	127	165	10	6.8	39	Yes	359
21/	1.2	127	152	10	6.8	39	Yes	371
22/	1.3	127	165	10	6.8	39	Yes	362
23/	1	127	127	10	6.7	37	Yes	356
24/	1.1	127	140	10	6.7	37	Yes	372
25/	1.3	127	165	10	6.6	38	Yes	361
26/	1.2	127	152	10	6.6	38	Yes	352
27/	1.2	127	152	10	6.7	38	Yes	345
28/	1.3	127	165	10	6.8	39	Yes	360
29/	1.4	127	178	10	6.8	39	Yes	360
30/	1.2	127	152	10	6.9	38	Yes	358
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 2014

Download form at [publichealth.oregon.gov/health/Environments/Drinking/Water/Monitoring/Documents/10-000-1-0-001.pdf](http://publichealth.oregon.gov/health/Environments/Drinking/Water/Monitoring/Documents/10-000-1-0-001.pdf)

Return by 10<sup>th</sup> of following month by email, fax, or mail to:  
 twd.pnce@state.or.us 971-673-0694 or Drinking Water Services, PO Box 14360, Portland, OR 97293-0360