

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

County: *Polk*

Name: *City of Falls City* ID #41: *00297* WTP-: Month/Year: *June 2024*

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							<i>.06</i>
2							<i>.06</i>
3							<i>.06</i>
4							<i>.06</i>
5							<i>.06</i>
6							<i>.06</i>
7							<i>.06</i>
8							<i>.05</i>
9							<i>.05</i>
10							<i>.05</i>
11							<i>.09</i>
12							<i>.05</i>
13							<i>.04</i>
14							<i>.05</i>
15							<i>.05</i>
16							<i>.05</i>
17							<i>.05</i>
18							<i>.05</i>
19							<i>.05</i>
20							<i>.05</i>
21							<i>.05</i>
22							<i>.09</i>
23							<i>.06</i>
24							<i>.06</i>
25							<i>.06</i>
26							<i>.05</i>
27							<i>.05</i>
28							<i>.05</i>
29							<i>.05</i>
30							<i>.05</i>
31							<i>.05</i>

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 All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / No All turbidity readings < IFE ² triggers? <input checked="" type="checkbox"/> Yes / No ²		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
Notes:		PRINTED NAME: <i>Jonathan Creechmore</i>	SIGNATURE: <i>[Signature]</i> DATE: <i>6-30-2024</i>
		PHONE #: <i>(503) 1747-3631</i>	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.

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

Name: City of Falls City

ID #41: 00297WTP: Month/Year: June 2024

Log Requirement (Circle One): 0.5 1.0

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[°C]		Use tables	Yes / No	[GPM]
1/	1.1	127	140	12	6.8	37	Yes	359
2/	1.2	127	152	12	6.8	37	Yes	360
3/	1.3	127	165	12	6.9	38	Yes	350
4/	1.1	127	140	12	6.3	37	Yes	360
5/	.8	127	101	12	6.8	37	Yes	363
6/	1.3	127	165	12	6.8	38	Yes	364
7/	1.2	127	152	13	6.8	38	Yes	388
8/	0.9	127	114	15	6.5	21	Yes	365
9/	1.3	127	165	14	6.6	38	Yes	352
10/	1.2	127	152	15	6.5	21	Yes	358
11/	.70	127	89	14	6.5	37	Yes	374
12/	1.1	127	140	13	6.5	38	Yes	372
13/	1.2	127	152	13	6.5	38	Yes	370
14/	1.0	127	127	13	6.6	38	Yes	398
15/	1.2	127	152	13	6.7	38	Yes	363
16/	1.1	127	140	12	6.8	37	Yes	369
17/	1.2	127	152	12	6.9	38	Yes	373
18/	1.3	127	165	11	7	38	Yes	369
19/	1.5	127	191	12	7	39	Yes	380
20/	1.6	127	203	13	6.9	40	Yes	386
21/	1.5	127	191	15	6.8	26	Yes	383
22/	1.2	127	152	15	6.6	25	Yes	356
23/	1.2	127	152	15	6.4	25	Yes	367
24/	1.2	127	152	14	6.7	39	Yes	378
25/	1.1	127	140	14	6.6	37	Yes	391
26/	1.2	127	152	15	6.6	25	Yes	374
27/	1.2	127	152	15	6.7	25	Yes	367
28/	1.2	127	152	14	6.8	38	Yes	382
29/	1.2	127	152	15	6.7	25	Yes	372
30/	1.4	127	178	15	6.6	39	Yes	384
31/								

³If Cl₂ 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/Environments/DrinkingWater/Monitoring/Documents/1-0-001-wq-req.pdf

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

owd@oda.state.or.us 971-673-6944, or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350