

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

County: *Polk*


Name: *City of Falls City*

ID #41: *00297*

WTP-:

Month/Year: *July 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							.04
16							.04
17							.04
18							.04
19							.04
20							.04
21							.04
22							.04
23							.04
24							.04
25							.05
26							.05
27							.05
28							.05
29							.05
30							.05
31							.05

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 / <input type="checkbox"/> No All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All turbidity readings < IFE <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:		PRINTED NAME: <i>Jonathan Creekmore</i>	
		SIGNATURE: 	DATE: <i>8-1-2024</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. <sup>2</sup> IFE = Individ. Filter Eff. (OAR 333-061-0040(1)(d)(B&C))

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

Name:

City of Falls City

ID #41: 00297WTP-:

Month/Year:

July 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/	1.4	127	178	15	6.6	39	Yes	386
2/	1.4	127	178	15	6.6	39	Yes	382
3/	1	127	127	16	6.5	21	Yes	366
4/	1.1	127	139	15	6.5	21	Yes	387
5/	1.0	127	127	15	6.4	21	Yes	385
6/	1.1	127	139	16	6.3	21	Yes	387
7/	0.9	127	114	17	6.2	20	Yes	390
8/	1.1	127	139	17	6.1	21	Yes	399
9/	1	127	127	18	6	18	Yes	399
10/	1	127	127	18	6	18	Yes	390
11/	0.9	127	114	18	6	18	Yes	390
12/	1	127	127	18	6.1	21	Yes	383
13/	1	127	127	17	7.2	30	Yes	389
14/	1	127	127	17	7.1	30	Yes	384
15/	1	127	127	17	7.2	30	Yes	380
16/	1.2	127	152	18	7.2	31	Yes	393
17/	1.2	127	152	18	7.2	31	Yes	379
18/	0.8	127	102	18	7.2	29	Yes	362
19/	1.0	127	127	17	7.3	30	Yes	386
20/	1.2	127	152	17	7.3	31	Yes	395
21/	1.1	127	139	17	7.2	30	Yes	378
22/	1	127	127	17	7.2	30	Yes	379
23/	1.2	127	152	17	7.3	31	Yes	391
24/	1.1	127	139	17	7.4	30	Yes	397
25/	1.2	127	152	17	7.4	31	Yes	387
26/	1.3	127	165	16	7.5	31	Yes	380
27/	1.4	127	178	16	7.5	31	Yes	388
28/	1.3	127	165	16	7.5	31	Yes	374
29/	1.4	127	203	16	7.5	32	Yes	379
30/	1.3	127	165	16	7.5	31	Yes	370
31/	1.2	127	152	16	7.4	31	Yes	389

<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/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf)

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

dwp.dmce@state.or.us, 971-673-0694, or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350