

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

County: *Polk*

Name: *City of Falls City* ID #41:00797 WTP:- Month/Year: *September 2021*

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							.05
2							.05
3							.05
4							.05
5							.04
6							.04
7							.04
8							.04
9							.04
10							.04
11							.04
12							.04
13							.04
14							.05
15							.05
16							.05
17							.05
18							.05
19							.05
20							.05
21							.05
22							.05
23							.05
24							.05
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 / No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl ₂ 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 ² triggers? <input checked="" type="checkbox"/> Yes / No ²			
Notes:	PRINTED NAME: <i>Jonathon Creekmore</i>		
	SIGNATURE: <i>[Signature]</i>	DATE: <i>9-30-2021</i>	
	PHONE #: <i>(503) 787-3631</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. ² 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: 00297 WTP-

Month/Year: September 2021

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/	1.3	127	165	18	7.2	31	Yes	430
2/	1.2	127	152	18	7.2	31	Yes	442
3/	1.2	127	157	18	7.2	31	Yes	430
4/	1.1	127	140	16	7.2	31	Yes	430
5/	1.3	127	165	18	7.2	31	Yes	455
6/	1.2	127	152	18	7.2	31	Yes	445
7/	1.1	127	140	18	7.2	31	Yes	435
8/	1.3	127	165	19	7.2	31	Yes	433
9/	1.3	127	165	19	7.2	31	Yes	433
10/	1.1	127	140	19	7.2	31	Yes	432
11/	1.2	127	152	18	7.2	31	Yes	427
12/	1.2	127	152	18	7.2	31	Yes	434
13/	1.1	127	140	18	7.2	31	Yes	448
14/	1.1	127	140	18	7.3	31	Yes	425
15/	1.4	127	178	18	7.3	31	Yes	430
16/	1.3	127	165	18	7.3	31	Yes	425
17/	1.3	127	165	18	7.3	31	Yes	420
18/	1.2	127	152	18	7.3	31	Yes	420
19/	1.2	127	152	17	7.3	31	Yes	412
20/	1.1	127	140	17	7.3	31	Yes	410
21/	1.4	127	178	17	7.3	31	Yes	412
22/	1.4	127	178	17	7.3	31	Yes	425
23/	1.3	127	165	17	7.3	31	Yes	412
24/	1.0	127	127	17	7.3	30	Yes	405
25/	1.0	127	127	17	7.2	30	Yes	427
26/	1.0	127	127	17	7.2	30	Yes	417
27/	1.6	127	203	17	7.3	32	Yes	425
28/	1.8	127	229	17	7.3	33	Yes	400
29/	0.9	127	114	17	7.3	30	Yes	395
30/	1.2	127	152	17	7.4	31	Yes	400
31/								

³ If 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/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf

Return by 10th 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