

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

County: *Polk*

Name: *City of Falls City* ID #41:00 *897* WTP-: Month/Year: *Dec 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							.05
6							.05
7							.05
8							.05
9							.05
10							.05
11							.05
12							.05
13							.05
14							.05
15							.05
16							.05
17							.05
18							.05
19							.05
20							.05
21							.06
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? <i>Yes / No</i>	CT's met everyday? (see back) <i>Yes / No</i>	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <i>Yes / No</i>	
All the 4-hour turbidity readings ≤ 1 NTU? <i>Yes / No</i>			
All turbidity readings < IFE ² triggers? <i>Yes / No</i> ²			
Notes:	PRINTED NAME: <i>Jonathon Creckmore</i>		
	SIGNATURE: <i>[Signature]</i>	DATE: <i>1-5-2022</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 Effl. (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: December 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/	1.2	127	152	11	7.3	46	Yes	395
2/	1.4	127	178	12	7.4	47	Yes	400
3/	1.3	127	165	11	7.4	46	Yes	395
4/	1.2	127	152	11	7.4	46	Yes	395
5/	1.2	127	152	11	7.4	46	Yes	395
6/	1.2	127	152	11	7.4	46	Yes	395
7/	1.1	127	140	11	7.3	45	Yes	395
8/	0.9	127	114	11	7.3	44	Yes	390
9/	1.5	127	191	11	7.3	48	Yes	395
10/	1.3	127	165	10	7.3	47	Yes	390
11/	1.2	127	152	10	7.3	46	Yes	395
12/	1.0	127	127	10	7.4	45	Yes	392
13/	1.0	127	127	10	7.3	45	Yes	370
14/	0.8	127	102	9	7.3	58	Yes	385
15/	1.2	127	152	9	7.3	61	Yes	385
16/	1.4	127	178	8	7.3	62	Yes	398
17/	1.5	127	191	8	7.4	62	Yes	385
18/	1.3	127	165	8	7.4	61	Yes	380
19/	1.2	127	152	8	7.4	61	Yes	385
20/	1.1	127	140	8	7.3	60	Yes	395
21/	1.8	127	229	8	7.3	65	Yes	377
22/	1.4	127	178	8	7.4	62	Yes	395
23/	1.2	127	152	8	7.3	61	Yes	377
24/	1.2	127	152	8	7.3	61	Yes	400
25/	1.5	127	191	8	7.3	62	Yes	400
26/	1.2	127	152	7	7.3	61	Yes	405
27/	1.1	127	140	7	7.3	61	Yes	400
28/	1.0	127	127	7	7.3	60	Yes	385
29/	1.0	127	127	6	7.3	60	Yes	380
30/	1.0	127	127	6	7.3	60	Yes	390
31/	1.1	127	140	5	7.2	60	Yes	390

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