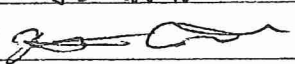


**OHA - Drinking Water Services – Turbidity Monitoring Report
Conventional or Direct Filtration**

County:

Name: City of Falls City ID #41: 00297 WTP-: Month/Year: April 2022

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

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
Monthly Summary			
95% of the 4-hour turbidity readings ≤ 0.3 NTU? <u>Yes / No</u>	CT's met everyday? (see back) <u>Yes / No</u>	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <u>Yes / No</u>	
All the 4-hour turbidity readings ≤ 1 NTU? <u>Yes / No</u>			
All turbidity readings < IFE ² triggers? <u>Yes / No</u> ²			
Notes:	PRINTED NAME: <u>Jonathan Creechmore</u>		
	SIGNATURE: 	DATE: <u>5-2-2022</u>	
	PHONE #: <u>(503) 1747-3631</u>	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: 00397 WTP-: Month/Year:

April 2022

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/	1.4	127	178	11	7.0	39	Yes	410
2/	1.3	127	165	11	7.0	39	Yes	412
3/	1.4	127	178	11	7.0	39	Yes	415
4/	1.1	127	140	11	7.0	37	Yes	400
5/	0.8	127	102	11	7.1	44	Yes	465
6/	1.1	127	140	10	6.9	37	Yes	420
7/	1.1	127	140	11	7.0	37	Yes	415
8/	1.2	127	152	11	6.9	38	Yes	415
9/	1.2	127	152	11	6.9	38	Yes	385
10/	1.3	127	165	11	7.0	38	Yes	380
11/	1.3	127	165	11	7.0	38	Yes	410
12/	1.3	127	165	10	7.0	38	Yes	430
13/	1.3	127	165	10	7.0	38	Yes	370
14/	1.3	127	165	10	7.0	38	Yes	415
15/	1.3	127	165	10	7.0	38	Yes	405
16/	1.3	127	165	10	7.0	38	Yes	420
17/	1.4	127	178	10	7.0	39	Yes	385
18/	1.5	127	190	10	7.0	38	Yes	405
19/	1.3	127	165	10	7.0	38	Yes	410
20/	1.1	127	140	10	7.0	37	Yes	405
21/	1.1	127	139	10	7.0	37	Yes	375
22/	1.1	127	140	10	6.9	37	Yes	370
23/	1.0	127	127	10	7.0	37	Yes	360
24/	1.3	127	165	10	7.0	38	Yes	385
25/	1.3	127	165	11	6.9	38	Yes	400
26/	1.4	127	178	11	7.0	39	Yes	390
27/	1.3	127	165	11	7.0	38	Yes	395
28/	1.2	127	152	11	6.9	38	Yes	415
29/	1.2	127	152	11	6.9	38	Yes	425
30/	1.3	127	165	11	6.9	38	Yes	405
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