

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

County: *Polk*

Name: *City of Falls City* ID #41: *00797* WTP-: Month/Year: *June 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							.07
6							.07
7							.07
8							.07
9							.07
10							.07
11							.07
12							.07
13							.07
14							.07
15							.07
16							.07
17							.07
18							.07
19							.07
20							.07
21							.07
22							.07
23							.07
24							.07
25							.06
26							0.75
27							.07
28							.07
29							.07
30							.07
31							.07

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 ₂ residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
Notes:		PRINTED NAME: <i>Jonathan Creelmore</i>	SIGNATURE: <i>[Signature]</i>
		PHONE #: <i>503 1787-3631</i>	DATE: <i>7-1-2022</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: 00247WTP Month/Year: June 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/	1.3	127	165	14	6.8	38	Yes	360
2/	1.2	127	152	14	6.8	38	Yes	400
3/	1.2	127	152	15	6.8	38	Yes	370
4/	1.2	127	152	14	6.8	38	Yes	380
5/	1.1	127	140	14	6.8	37	Yes	325
6/	0.90	127	114	14	6.7	37	Yes	390
7/	1.10	127	140	14	6.7	37	Yes	405
8/	1.5	127	190	15	6.8	26	Yes	450
9/	1.2	127	152	15	6.7	25	Yes	360
10/	1.0	127	127	15	6.7	25	Yes	380
11/	0.94	127	119	15	6.7	25	Yes	380
12/	1.2	127	152	15	6.7	25	Yes	430
13/	1.0	127	127	15	6.7	25	Yes	440
14/	1.2	127	152	14	6.7	38	Yes	390
15/	1.4	127	178	14	6.7	39	Yes	370
16/	1.2	127	152	15	6.8	25	Yes	405
17/	1.2	127	152	15	6.7	25	Yes	390
18/	1.4	127	178	14	6.8	39	Yes	405
19/	1.1	127	140	15	6.8	25	Yes	410
20/	1.4	127	178	14	6.7	39	Yes	380
21/	1.3	127	165	15	6.8	26	Yes	405
22/	1.3	127	165	15	6.7	26	Yes	445
23/	0.85	127	107	16	6.7	24	Yes	440
24/	1.1	127	139	16	6.6	25	Yes	430
25/	1.2	127	152	16	6.7	25	Yes	450
26/	0.73	127	92	17	6.6	24	Yes	380
27/	0.6	127	76	17	6.5	20	Yes	454
28/	1.0	127	127	17	6.5	21	Yes	428
29/	1.3	127	165	17	6.6	26	Yes	400
30/	1.4	127	177	17	6.6	26	Yes	460
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