

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

County:

Name: City of Falls City ID #41: 00297 WTP-: \_\_\_\_\_ Month/Year: Oct 2022

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							.02
16							.02
17							.02
18							.02
19							.02
20							.02
21							.02
22							.03
23							.03
24							.03
25							.03
26							.03
27							.03
28							.03
29							.03
30							.03
31							.03

<b>Conventional or Direct Filtration</b> Monthly Summary :		<b>Monthly Summary (Answer Yes or No)</b>	
95% of the 4-hour turbidity readings ≤ 0.3 NTU? <u>Yes</u> / No All the 4-hour turbidity readings ≤ 1 NTU? <u>Yes</u> / No All turbidity readings ≤ IFE <sup>2</sup> triggers? <u>Yes</u> / No <sup>2</sup>	CT's met everyday? (see back) <u>Yes</u> / No	All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <u>Yes</u> / No	
Notes:		PRINTED NAME: <u>Jonathon Creekmore</u>	
		SIGNATURE: <u>[Signature]</u>	DATE: <u>Oct 31</u>
		PHONE #: <u>(503) 787-3631</u>	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 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: oct 27

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/	1.1	127	140	17	7.0	25	Yes	440
2/	1.1	127	140	17	7.0	25	Yes	400
3/	1.3	127	165	17	7.0	25	Yes	450
4/	1.4	127	178	17	7.0	26	Yes	450
5/	1.3	127	165	17	7.0	25	Yes	438
6/	1.4	127	178	16	7.1	31	Yes	444
7/	1.4	127	178	16	7.1	31	Yes	440
8/	1.4	127	178	16	7.0	26	Yes	442
9/	1.3	127	165	16	7.0	26	Yes	450
10/	1.2	127	152	16	7.0	25	Yes	444
11/	1.1	127	140	16	7.0	25	Yes	450
12/	1.1	127	140	16	7.0	25	Yes	440
13/	1.3	127	165	16	7.0	25	Yes	450
14/	0.99	127	126	16	7.0	25	Yes	448
15/	1.1	127	140	15	7.2	30	Yes	420
16/	1.1	127	140	15	7.2	30	Yes	450
17/	1.0	127	140	15	7.2	30	Yes	455
18/	1.4	127	178	14	7.3	48	Yes	450
19/	1.7	127	216	14	7.3	48	Yes	430
20/	1.6	127	203	14	7.3	48	Yes	432
21/	1.4	127	178	14	7.3	47	Yes	405
22/	1.4	127	178	13	7.3	47	Yes	430
23/	1.3	127	165	13	7.3	47	Yes	400
24/	1.3	127	165	13	7.3	47	Yes	450
25/	1.3	127	165	12	7.4	47	Yes	430
26/	1.1	127	140	12	7.4	45	Yes	368
27/	0.9	127	114	12	7.4	45	Yes	360
28/	1.0	127	127	12	7.4	45	Yes	365
29/	1.0	127	127	11	7.3	45	Yes	380
30/	1.0	127	127	11	7.3	45	Yes	392
31/	1.0	127	127	11	7.3	45	Yes	360

<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