

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

County:

Name: City of Falls City ID #41: 00297 WTP: Month/Year: Dec 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							.03
2							.04
3							.03
4							.04
5							.04
6							.04
7							.04
8							.04
9							.04
10							.04
11							.04
12							.04
13							.04
14							.04
15							.04
16							.04
17							.04
18							.05
19							.05
20							.04
21							.05
22							.05
23							.05
24							.05
25							.05
26							.05
27							.07
28							.06
29							.06
30							.06
31							.06

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 / <input type="checkbox"/> No All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All turbidity readings < IFE ² triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No ²		CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl. residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:		PRINTED NAME: <u>Jonathan Creelmore</u> SIGNATURE: <u>[Signature]</u> DATE: <u>1-1-2023</u> PHONE #: <u>(503) 1787-3631</u> CERT #:	

¹ Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "4 PM" may not correspond to continuous readings' maximum. ² IFE = Indicative Filter Effl. (OAR 333-061-0040(1)(d)(B&C))

Received Time Jan. 5, 2023 11:23AM No. 9224

OHA - Drinking Water Program - Surface Water Quality Data Form - Giardia Inactivation

Name: City of Falls City

ID #41: 00297

WTP-:

Month/Year:

Dec 2022

Log Requirement

(Circle One): 0.5 (1.0)

Date / Time	Minimum Cl: Residual at 1st 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	7	7.5	61	Yes	410
2/	1.2	127	152	6	7.5	61	Yes	415
3/	1.3	127	165	6	7.5	62	Yes	390
4/	0.9	127	114	6	7.5	60	Yes	375
5/	1.1	127	140	6	7.5	61	Yes	300
6/	1	127	127	6	7.5	60	Yes	410
7/	1.2	127	152	5	7.5	61	Yes	415
8/	1.5	127	191	6	7.5	62	Yes	420
9/	1.7	127	216	6	7.6	79	Yes	410
10/	1.5	127	191	6	7.6	77	Yes	412
11/	1.5	127	191	6	7.6	77	Yes	410
12/	1.2	127	152	6	7.5	61	Yes	410
13/	1.3	127	165	6	7.5	61	Yes	400
14/	1.3	127	165	6	7.5	61	Yes	400
15/	1.3	127	165	6	7.6	66	Yes	400
16/	1.5	127	191	6	7.6	74	Yes	390
17/	1.3	127	165	5	7.6	76	Yes	400
18/	1.2	127	152	6	7.5	61	Yes	400
19/	1.3	127	165	6	7.5	62	Yes	390
20/	1.1	127	140	6	7.5	60	Yes	390
21/	1.2	127	152	6	7.4	61	Yes	380
22/	1	127	127	6	7.4	60	Yes	400
23/	1.5	127	191	6	7.5	62	Yes	410
24/	1.5	127	191	5	7.5	62	Yes	410
25/	1.4	127	178	5	7.5	62	Yes	412
26/	0.8	127	102	6	7.4	58	Yes	384
27/	0.8	127	101	7	7.3	58	Yes	390
28/	0.8	127	102	7	7.3	58	Yes	400
29/	1.3	127	165	7	7.4	61	Yes	400
30/	1.3	127	165	7	7.3	61	Yes	449
31/	1.3	127	165	7	7.3	61	Yes	415

³ F.C. at entry point ≤ 0.2 mg/l OR CT not met notify DWS within 24 hours

Revised September 21, 15

Download form at pubs.health.or.gov, Health/Environments Drinking Water Monitoring Documents <http://pubs.health.or.gov>

Return by 10th of following month by email, fax, or mail to:

dws@state.or.us 503-673-3634 or Drinking Water Services, PO Box 14380, Portland, OR 97241-3580.