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

County:

Name: City of Falls City ID #41: 00297 WTP-: _____ Month/Year: January 2023

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							.04
7							.03
8							.04
9							.04
10							.04
11							.04
12							.04
13							.04
14							.04
15							.04
16							.04
17							.04
18							.04
19							.04
20							.04
21							.04
22							.04
23							.04
24							.04
25							.04
26							.04
27							.04
28							.04
29							.04
30							.04
31							.04

<p>Conventional or Direct Filtration</p> <p style="text-align: center;">Monthly Summary</p> <p>95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All turbidity readings < IFE² triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No²</p> <p>Notes:</p>	<p style="text-align: center;">Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All Cl. residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <hr/> <p>PRINTED NAME: <u>Jonathan Creeksmore</u></p> <p>SIGNATURE: <u>[Signature]</u> DATE: <u>1-31-2023</u></p> <p>PHONE #: <u>(503) 787-3631</u> CERT #:</p>
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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 = In-Depth Filter Eff (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: **Jan. 2023**

Log Requirement (Circle One): 0.5

Date Time	Minimum Cl ₂ 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/	1.3	127	165	7	7.3	61	Yes	420
2/	1.4	127	178	7	7.3	62	Yes	405
3/	1.5	127	190	7	7.4	62	Yes	400
4/	1.2	127	152	7	7.3	61	Yes	400
5/	1.1	127	139	7	7.3	60	Yes	400
6/	0.9	127	114	7	7.2	60	Yes	400
7/	1.0	127	127	7	6.8	50	Yes	400
8/	1.0	127	127	7	6.8	50	Yes	395
9/	1.1	127	140	7	6.8	50	Yes	400
10/	1.2	127	152	7	6.9	51	Yes	390
11/	1.3	127	165	7	6.9	51	Yes	400
12/	1.2	127	152	7	6.9	51	Yes	390
13/	1.0	127	127	7	6.8	50	Yes	400
14/	1.3	127	165	7	6.8	54	Yes	420
15/	1.1	127	140	8	6.8	74	Yes	430
16/	1.2	127	152	7	6.8	51	Yes	395
17/	1.2	127	152	7	6.8	51	Yes	400
18/	1.4	127	178	7	6.9	52	Yes	390
19/	1.2	127	152	7	6.9	51	Yes	390
20/	1.3	127	165	7	6.9	51	Yes	400
21/	1.2	127	152	7	6.9	51	Yes	400
22/	1.3	127	165	6	6.9	51	Yes	455
23/	1.5	127	191	6	6.9	52	Yes	410
24/	1.6	127	203	6	6.9	53	Yes	400
25/	1.3	127	165	6	6.9	51	Yes	410
26/	1.2	127	152	6	6.9	51	Yes	400
27/	1.2	127	152	6	6.9	51	Yes	400
28/	1.2	127	152	6	6.9	51	Yes	400
29/	1.2	127	152	6	6.8	51	Yes	410
30/	1.5	127	191	6	6.9	52	Yes	405
31/	1.6	127	203	6	6.9	52	Yes	400

Cl₂ at entry point is 0.2 mg/l DR CT normal min, DWS within 24 hours

Revised September 2016

Download form at: public.health.credent.gov/Health/Environment/Drinking Water Monitoring Documents

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

646-2128@state.ia.us 571-673-0634 or Drinking Water Services, PO Box 1350, Portland, OR 97208

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