

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

**County:**

Name: City of Falls City ID #41: 00297 WTP-: \_\_\_\_\_ Month/Yea Feb. 2023

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							.04
2							.04
3							.04
4							.05
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							.05
21							.05
22							.04
23							.04
24							.04
25							.04
26							.04
27							.05
28							.05
29							
30							
31							

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
<b>Monthly Summary</b> 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <u>Yes / No</u> All the 4-hour turbidity readings ≤ 1 NTU? <u>Yes / No</u> All turbidity readings < IFE <sup>2</sup> triggers? <u>Yes / No</u> <sup>2</sup>		CT's met everyday? (see back) <u>Yes / No</u> All CL residuals at entry point ≥ 0.2 mg/l? <u>Yes / No</u>	
Notes:		PRINTED NAME: <u>Jonathan Creekmore</u> SIGNATURE: <u>[Signature]</u> DATE: <u>3-1-2023</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: 00397

WTP: \_\_\_\_\_

Month/Year: Feb 2023

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/	1.4	127	177	5	6.9	52	Yes	390
2/	1.3	127	165	5	6.9	52	Yes	390
3/	1.3	127	165	5	6.9	52	Yes	390
4/	0.8	127	102	5	6.8	49	Yes	395
5/	0.6	127	76	5	6.7	48	Yes	400
6/	1	127	127	6	6.7	50	Yes	390
7/	1.2	127	152	6	6.7	51	Yes	390
8/	1.2	127	152	6	6.8	51	Yes	395
9/	1.2	127	152	6	6.8	51	Yes	390
10/	1.2	127	152	7	6.8	51	Yes	385
11/	1.2	127	152	6	6.8	51	Yes	400
12/	1.4	127	178	7	6.8	52	Yes	410
13/	1.5	127	191	7	6.8	52	Yes	390
14/	1.1	127	140	6	6.8	50	Yes	395
15/	1.2	127	152	6	6.8	51	Yes	390
16/	1.1	127	140	6	6.8	50	Yes	390
17/	1.3	127	165	6	6.8	51	Yes	380
18/	1.2	127	152	6	6.8	51	Yes	385
19/	1.4	127	178	6	6.8	52	Yes	395
20/	1.3	127	165	6	6.8	51	Yes	392
21/	1.4	127	178	6	6.8	52	Yes	390
22/	1.3	127	165	6	6.8	51	Yes	380
23/	1.4	127	178	6	6.8	51	Yes	390
24/	1.2	127	152	5	6.8	51	Yes	390
25/	1.4	127	178	5	6.9	52	Yes	410
26/	1.4	127	178	5	6.9	52	Yes	365
27/	1	127	127	5	6.8	50	Yes	435
28/	1.2	127	152	5	7	50	Yes	410
29/								
30/								
31/								

<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 2018  
 Download form at [public.health.oregon.gov/Health/Environment/DrinkingWater/Monitoring/Documents/turbidity-log-rev.pdf](http://public.health.oregon.gov/Health/Environment/DrinkingWater/Monitoring/Documents/turbidity-log-rev.pdf)

Return by 10<sup>th</sup> of following month by email, fax, or mail to:  
 dws@state.or.us 503-673-0624 or Drinking Water Services, PO Box 14360, Portland, OR 97223-0360