

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

County: *Polk*

Name: *City of Falls City*

ID #41: *00897*

WTP-:

Month/Year: *Oct 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							<i>.05</i>
2							<i>.04</i>
3							<i>.06</i>
4							<i>.05</i>
5							<i>.05</i>
6							<i>.05</i>
7							<i>.05</i>
8							<i>.04</i>
9							<i>.05</i>
10							<i>.05</i>
11							<i>.05</i>
12							<i>.05</i>
13							<i>.05</i>
14							<i>.05</i>
15							<i>.05</i>
16							<i>.05</i>
17							<i>.05</i>
18							<i>.05</i>
19							<i>.05</i>
20							<i>.05</i>
21							<i>.05</i>
22							<i>.05</i>
23							<i>.05</i>
24							<i>.05</i>
25							<i>.05</i>
26							<i>.05</i>
27							<i>.05</i>
28							<i>.05</i>
29							<i>.05</i>
30							<i>.05</i>
31							<i>.05</i>

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

Monthly Summary

95% of the 4-hour turbidity readings < 0.3 NTU?  Yes /  No  
 All the 4-hour turbidity readings < 1 NTU?  Yes /  No  
 All turbidity readings < IFE<sup>2</sup> triggers?  Yes /  No<sup>2</sup>

CT's met everyday? (see back)  Yes /  No

All Cl residuals at entry point ≥ 0.2 mg/l?  Yes /  No

Notes:

PRINTED NAME: *Jonathan Creekmore*

SIGNATURE: *[Signature]* DATE: *10-31-23*

PHONE #: *(503) 787-3031* 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 = In-line Filter Effluent (OAR 333-061-00-00(1)(b)(B&C))

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

Name: City of Falls City

ID #41: 06297

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

Month/Year: October 2023

Log Requirement (Circle One): 0.5 1.0

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st 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/	1.7	127	216	14	7.2	48	Yes	360 gpm
2/	1.7	127	216	14	7.2	48	Yes	356 gpm
3/	1.6	127	203	13	7.2	48	Yes	350 gpm
4/	1.7	127	152	13	7.2	46	Yes	394 gpm
5/	1.4	127	178	13	7.2	47	Yes	350
6/	1.6	127	203	14	7.1	48	Yes	344
7/	1.5	127	190	15	7.1	48	Yes	352
8/	1.6	127	203	15	7.1	48	Yes	350
9/	1.4	127	178	15	7.0	40	Yes	354
10/	1.3	127	165	15	7.0	39	Yes	351
11/	1.1	127	139	15	7.0	39	Yes	345
12/	1.1	127	139	14	7.1	46	Yes	354
13/	1.2	127	152	14	7.1	46	Yes	353
14/	1.0	127	127	13	6.9	37	Yes	355
15/	1.0	127	127	13	6.9	37	Yes	356
16/	1.3	127	165	13	6.9	39	Yes	360
17/	1.1	127	139	13	6.9	37	Yes	355
18/	.9	127	114	13	6.9	37	Yes	350
19/	1.1	127	139	13	6.9	38	Yes	346
20/	1.5	127	190	13	6.9	39	Yes	337
21/	1.6	127	203	13	6.9	40	Yes	333
22/	1.6	127	203	13	6.9	40	Yes	339
23/	1.5	127	190	13	6.9	39	Yes	332
24/	1.5	127	190	13	6.9	39	Yes	334
25/	1.4	127	178	13	6.9	39	Yes	335
26/	1.3	127	165	12	7.0	39	Yes	325
27/	1.2	127	152	11	7.0	38	Yes	380
28/	1.3	127	165	11	7.1	46	Yes	355
29/	1.3	127	165	10	7.2	46	Yes	352
30/	1.5	127	191	10	7.2	47	Yes	350
31/	1.3	127	165	10	7.3	47	Yes	346

<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/41a-scr-act.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/41a-scr-act.pdf)

Return by 10<sup>th</sup> of following month by email, fax, or mail to

oah.dnce@state.or.us, 503-673-0634 or Drinking Water Services, PO Box 14356, Portland, OR 97223-0356