

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

County: Polk

Name: City of Falls City

ID #41: 06297

WTP-:

Month/Year: Nov 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							.05
2							.05
3							.06
4							.06
5							.06
6							.06
7							.06
8							.04
9							.06
10							.06
11							.06
12							.06
13							.06
14							.06
15							.06
16							.06
17							.06
18							.06
19							.06
20							.07
21							.04
22							.04
23							.04
24							.04
25							.04
26							.04
27							.04
28							.03
29							.03
30							.03
31							

Conventional or Direct

Filtration

Monthly Summary

Monthly Summary (Answer Yes or No)

95% of the 4-hour turbidity readings \leq 0.3 NTU? Yes / No
 All the 4-hour turbidity readings \leq 1 NTU? Yes / No
 All turbidity readings < IFE² triggers? Yes / No²

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

All Cl₂ residuals at entry point \geq 0.2 mg/l? Yes / No

Notes:

PRINTED NAME: Jonathan Creelmore

SIGNATURE: [Signature]

DATE:

PHONE #: (503) 787-3631

CERT #:

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-line Filter Effluent (OAR 333-061-0040(1)(b)(B&C))

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

Name: City of Falls City

ID #41: 00297 WTP: Nov. 2023

Log Requirement (Circle One): 0.5 1.0

Date / Time	Minimum Cl ₂ Residual at 1 st 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	9	7.26	60	Yes	343
2 /	1.1	127	139	9	7.2	61	Yes	353
3 /	1	127	127	9	7.2	60	Yes	344
4 /	.85	127	107	10	7.1	44	Yes	342
5 /	.80	127	102	10	7	37	Yes	336
6 /	.80	127	102	11	7	37	Yes	337
7 /	.80	127	102	11	7	37	Yes	335
8 /	1.6	127	203	11	7.1	48	Yes	338
9 /	1.8	127	229	11	7.3	49	Yes	336
10 /	1.5	127	190	10	7.3	47	Yes	340
11 /	1.5	127	190	10	7.3	47	Yes	338
12 /	1.4	127	178	10	7.3	47	Yes	366
13 /	1.3	127	165	10	7.3	47	Yes	360
14 /	1.5	127	191	10	7.2	47	Yes	338
15 /	1.2	127	152	10	7.2	46	Yes	326
16 /	1.2	127	152	10	7.2	46	Yes	371
17 /	1	127	127	10	7.2	45	Yes	349
18 /	1.4	127	178	10	7.2	47	Yes	346
19 /	1.3	127	165	10	7.2	47	Yes	330
20 /	1.3	127	165	10	7.2	47	Yes	355
21 /	1.2	127	152	9	7.2	61	Yes	359
22 /	1.2	127	152	9	7.2	61	Yes	330
23 /	1.2	127	152	8	7.2	61	Yes	338
24 /	1.3	127	165	8	7.2	61	Yes	360
25 /	1.3	127	165	8	7.2	61	Yes	340
26 /	1.4	127	178	8	7.3	62	Yes	348
27 /	1.2	127	152	7	7.3	61	Yes	360
28 /	1.4	127	178	7	7.3	62	Yes	348
29 /	1.1	127	139	7	7.3	61	Yes	335
30 /	1.2	127	152	7	7.3	61	Yes	330
31 /								

³If Cl₂ at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours. Revised September 2014
 Download form at: public.health.oregon.gov/Health/Environment/DrinkingWater/Monitoring/Documents/41a-dcr-14-reg.pdf

Return by 10th of following month by email, fax, or mail to:
 DWS office@state.or.us 503-673-0264 or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350