

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

County: *polk*

Name: *City of Falls City* ID #41: *00297* WTP: Month/Year: *Jan. 2024*

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>.04</i>
2							<i>.04</i>
3							<i>.04</i>
4							<i>.05</i>
5							<i>.05</i>
6							<i>.05</i>
7							<i>.05</i>
8							<i>.05</i>
9							<i>.05</i>
10							<i>.05</i>
11							<i>.05</i>
12							<i>.04</i>
13							<i>.04</i>
14							<i>.04</i>
15							<i>.04</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? <i>Yes / No</i> All the 4-hour turbidity readings ≤ 1 NTU? <i>Yes / No</i> All turbidity readings ≤ IFE <sup>2</sup> triggers? <i>Yes / No</i> <sup>2</sup>		CT's met everyday? (see back) <i>Yes / No</i>	All CL residuals at entry point ≥ 0.2 mg/l? <i>Yes / No</i>
Notes:		PRINTED NAME: <i>Jonathon Creekmore</i>	SIGNATURE: <i>[Signature]</i>
		PHONE #: <i>(503) 787-3631</i>	DATE: <i>1-31-24</i>
		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 Efficiency (OAR 333-061-0040(1)(c)(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. 2024*

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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/	1.3	127	165	8	7	52	Yes	364
2/	1.4	127	178	7	7.1	62	Yes	364
3/	1.3	127	165	7	7.1	62	Yes	371
4/	1.1	127	140	7	7	51	Yes	371
5/	1.2	127	152	7	7.1	61	Yes	368
6/	1.2	127	152	7	7.0	51	Yes	348
7/	1.2	127	152	7	7.0	51	Yes	362
8/	1.1	127	140	7	7.0	51	Yes	372
9/	1.3	127	165	7	7.1	61	Yes	364
10/	1	127	127	7	7.1	60	Yes	366
11/	1.2	127	152	7	7	51	Yes	366
12/	1.4	127	178	6	7.1	62	Yes	357 gpm
13/	1.3	127	165	6	7.3	61	Yes	359
14/	1.6	127	203	6	7.4	64	Yes	341
15/	1.5	127	191	5	7.9	62	Yes	370
16/	.90	127	114	6	7.3	41	Yes	363
17/	.90	127	114	4	7.2	84	Yes	373
18/	1.3	127	165	4	7.2	86	Yes	375
19/	1.3	127	165	5	7.3	61	Yes	371
20/	0.9	127	114	5	7.2	60	Yes	358
21/	1.1	127	140	5	7.2	60	Yes	368
22/	1.1	127	140	5	7.1	60	Yes	365
23/	1.4	127	178	6	7.1	62	Yes	371
24/	1.5	127	191	6	7.2	62	Yes	355
25/	1.7	127	215	6	7.2	64	Yes	354
26/	1.4	127	178	6	7.2	62	Yes	333
27/	1.1	127	140	6	7.1	60	Yes	353
28/	1.1	127	140	7	7	50	Yes	370
29/	1	127	127	7	7	50	Yes	372
30/	1	127	127	8	6.9	50	Yes	375
31/	1.3	127	165	8	7.0	52	Yes	354

<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 2015  
 Download form at: [public.health.oregon.gov/Health/Environment/DrinkingWater/Monitoring/Documents/tw-009-10-001.pdf](http://public.health.oregon.gov/Health/Environment/DrinkingWater/Monitoring/Documents/tw-009-10-001.pdf)

Return by 10<sup>th</sup> of following month by email, fax, or mail to:  
 twd@dnr.state.or.us 971-673-0894 or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350