

OHA - Drinking Water Services - Surface Water Quality Data Form
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: Wallowa
 Month/Year:


System Name: City of Joseph ID#: 41 00414 WTP : TP -

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			0.13				0.13
2			0.11				0.11
3			0.13				0.13
4			0.14				0.14
5			0.11				0.11
6			0.15				0.15
7			0.12				0.12
8			0.12				0.12
9			0.13				0.13
10			0.16				0.16
11			0.15				0.15
12			0.14				0.14
13			0.14				0.14
14			0.13				0.13
15			0.12				0.12
16			0.15				0.15
17			0.13				0.13
18			0.17				0.17
19			0.11				0.11
20			0.13				0.13
21			0.12				0.12
22			0.14				0.14
23			0.13				0.13
24			0.12				0.12
25			0.15				0.15
26			0.15				0.15
27			0.13				0.13
28			0.12				0.12
29			0.14				0.14
30			0.13				0.13
31			0.14				0.14

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ²	Yes	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes	Yes	Yes

Notes:

PRINTED NAME: Levi Tickner

SIGNATURE: 

DATE: 8/10/2021

PHONE #: (541)398-1804

CERT #: T-008780

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- :
 Disinfection *Giardia* Log
 Inactiv: 1.0

System Name: City of Joseph ID#: 41 00414 Month/Year: Jul-21

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]		formula	Yes / No	[GPM]
1	0.43	989	425.3	19.0	7.71	25.4	YES	474
2	0.44	1011	444.8	18.6	7.66	25.6	YES	475
3	0.46	991	455.9	19.1	7.74	25.6	YES	475
4	0.44	981	431.6	19.6	7.72	24.5	YES	475
5	0.45	977	439.7	19.7	7.55	22.9	YES	476
6	0.42	967	406.1	19.6	7.66	23.9	YES	477
7	0.42	976	409.9	19.5	7.71	24.6	YES	477
8	0.43	989	425.3	19.7	7.59	23.2	YES	477
9	0.44	964	424.2	19.9	7.67	23.6	YES	477
10	0.46	975	448.5	19.7	7.81	25.3	YES	477
11	0.46	978	449.9	19.8	7.73	24.4	YES	477
12	0.44	976	429.4	19.7	7.61	23.4	YES	477
13	0.45	981	441.5	19.4	7.57	23.5	YES	475
14	0.47	976	458.7	19.8	7.52	22.5	YES	477
15	0.45	990	445.5	19.6	7.48	22.5	YES	475
16	0.39	978	381.4	19.4	7.61	23.7	YES	476
17	0.43	978	420.5	18.8	7.52	24.0	YES	476
18	0.47	978	459.7	19.1	7.68	25.1	YES	476
19	0.48	978	469.4	18.9	7.57	24.4	YES	476
20	0.48	977	469.0	18.8	7.52	24.1	YES	475
21	0.49	983	481.7	19.2	7.46	23.0	YES	473
22	0.44	981	431.6	18.8	7.76	26.3	YES	475
23	0.46	981	451.3	19.1	7.81	26.3	YES	475
24	0.49	981	480.7	19.3	7.72	25.2	YES	475
25	0.46	979	450.3	18.1	7.57	25.7	YES	475
26	0.48	981	470.9	19.5	7.54	23.2	YES	475
27	0.47	981	461.1	19.7	7.51	22.6	YES	475
28	0.48	981	470.9	19.3	7.62	24.2	YES	475
29	0.47	981	461.1	18.8	7.50	23.9	YES	475
30	0.44	981	431.6	19.1	7.61	24.4	YES	475
31	0.47	981	461.1	18.6	7.55	24.7	YES	475

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

Return by 10th of following month by email, fax, or mail to:
dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350