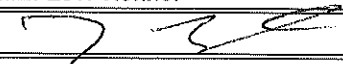


OHA - Drinking Water Services - Surface Water Quality Data Form  
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: Wallowa  
 Month/Year: Aug-21

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 <sup>1</sup> [NTU]
1			0.11				0.11
2			0.13				0.13
3			0.14				0.14
4			0.12				0.12
5			0.13				0.13
6			0.10				0.10
7			0.14				0.14
8			0.10				0.10
9			0.11				0.11
10			0.19				0.19
11			0.07				0.07
12			0.10				0.14
13			0.11				0.11
14			0.11				0.11
15			0.13				0.13
16			0.10				0.10
17			0.08				0.08
18			0.14				0.14
19			0.07				0.07
20			0.10				0.10
21			0.12				0.12
22			0.15				0.15
23			0.12				0.12
24			0.19				0.19
25			0.21				0.21
26			0.10				0.10
27			0.23				0.23
28			0.20				0.20
29			0.11				0.11
30			0.12				0.12
31			0.27				0.27

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	Yes	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes	Yes	Yes
Notes:		PRINTED NAME: Levi Tickner	
		SIGNATURE: 	DATE: 9/8/2021
		PHONE #: ( 541 ) 398-1804	CERT #: T-008780

<sup>1</sup> 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. <sup>2</sup> 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: Aug-21

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]		formula	Yes / No	[GPM]
1	0.46	990	455.4	18.9	7.67	25.3	YES	475
2	0.53	981	519.9	18.1	7.48	25.1	YES	475
3	0.52	981	510.1	18.8	7.56	24.6	YES	475
4	0.54	976	527.0	19.3	7.64	24.6	YES	477
5	0.47	978	459.7	18.6	7.58	25.0	YES	476
6	0.48	976	468.5	18.8	7.52	24.1	YES	477
7	0.48	976	468.5	19.4	7.61	24.0	YES	477
8	0.49	976	478.2	18.5	7.52	24.7	YES	477
9	0.45	988	444.6	20.2	7.54	22.1	YES	475
10	0.48	976	468.5	20.2	7.77	24.1	YES	477
11	0.47	981	461.1	20.2	7.61	22.7	YES	475
12	0.48	985	472.8	20.7	7.62	22.1	YES	477
13	0.48	976	468.5	20.9	7.67	22.2	YES	477
14	0.5	978	489.0	20.5	7.59	22.2	YES	472
15	0.52	972	505.4	20.4	7.43	21.1	YES	475
16	0.5	972	486.0	21.2	7.71	22.1	YES	475
17	0.5	990	495.0	20.9	7.55	21.2	YES	475
18	0.41	972	398.5	20.3	7.48	21.3	YES	475
19	0.43	1022	439.5	19.8	7.65	23.6	YES	475
20	0.52	1022	531.4	19.6	7.38	21.8	YES	475
21	0.51	1059	540.1	19.1	7.42	22.9	YES	465
22	0.51	1059	540.1	19.3	7.91	27.1	YES	460
23	0.41	989	405.5	19.2	7.50	23.1	YES	470
24	0.47	1067	501.5	19.0	7.42	22.9	YES	465
25	0.52	1018	529.4	19.1	7.21	21.2	YES	470
26	0.5	1040	520.0	19.0	7.29	21.9	YES	460
27	0.45	993	446.9	18.7	7.46	23.7	YES	470
28	0.56	991	555.0	18.7	7.32	22.8	YES	470
29	0.46	1036	476.6	18.7	7.50	24.1	YES	470
30	0.48	1073	515.0	18.8	7.55	24.4	YES	470
31	0.49	1073	525.8	18.8	7.40	23.1	YES	470

<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 July 2018

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