

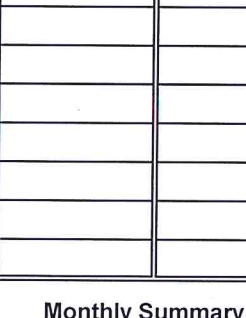
OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Wallowa**
 Month/Year: **Sep-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 ¹ [NTU]
1	0.14						0.14
2	0.14						0.14
3	0.19						0.19
4	0.10						0.10
5	0.16						0.16
6	0.19						0.19
7	0.17						0.17
8	0.21						0.21
9	0.22						0.22
10	0.12						0.12
11	0.15						0.15
12	0.10						0.10
13	0.11						0.11
14	0.15						0.15
15	0.12						0.12
16	0.08						0.08
17	0.11						0.11
18	0.13						0.13
19	0.10						0.10
20	0.08						0.08
21	0.07						0.07
22	0.15						0.15
23	0.11						0.11
24	0.07						0.07
25	0.08						0.08
26	0.10						0.10
27	0.10						0.10
28	0.18						0.18
29	0.11						0.11
30	0.12						0.12
31							

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings \leq 1 NTU? ² Yes	CT's met everyday? (see back) Yes	All Cl2 residual at entry point \geq 0.2 mg/l? Yes
All daily turbidity readings \leq 5 NTU? Yes		

Notes:	PRINTED NAME: Levi Tickner	
	SIGNATURE: 	DATE: 10/6/2021
	PHONE #: (541) 398-1804	CERT #: T008780

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: Sep-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	0.5	1018	509.0	18.4	7.64	26.0	YES	470
2	0.41	1000	410.0	18.4	7.75	26.8	YES	470
3	0.41	1000	410.0	18.0	7.26	22.9	YES	470
4	0.51	991	505.4	18.2	7.44	24.5	YES	470
5	0.54	991	535.1	18.6	7.58	25.2	YES	470
6	0.5	985	492.5	18.7	7.23	21.9	YES	473
7	0.54	1018	549.7	18.8	7.51	24.2	YES	470
8	0.53	1055	559.2	18.6	7.54	24.8	YES	470
9	0.49	1000	490.0	19.2	7.50	23.4	YES	473
10	0.51	1012	516.1	18.9	7.39	22.9	YES	473
11	0.54	1060	572.4	18.7	7.55	24.7	YES	473
12	0.37	1064	393.7	18.4	7.61	25.3	YES	450
13	0.47	1131	531.6	18.3	7.52	24.9	YES	445
14	0.56	1113	623.3	18.1	7.69	27.2	YES	450
15	0.51	1055	538.1	18.2	7.60	26.0	YES	470
16	0.49	1146	561.5	18.2	7.32	23.4	YES	440
17	0.49	1097	537.5	17.6	7.54	26.4	YES	460
18	0.51	1096	559.0	17.7	7.25	23.6	YES	460
19	0.57	1205	686.9	17.4	7.52	26.8	YES	420
20	0.51	1212	618.1	16.8	7.67	29.3	YES	420
21	0.38	1340	509.2	16.5	7.57	28.4	YES	381
22	0.5	1244	622.0	16.5	7.67	29.8	YES	408
23	0.52	1310	681.2	16.2	7.55	29.2	YES	390
24	0.55	1273	700.2	16.3	7.42	27.7	YES	400
25	0.48	1306	626.9	16.4	7.52	28.4	YES	390
26	0.39	1311	511.3	16.5	8.06	34.1	YES	390
27	0.46	1320	607.2	16.5	7.70	30.0	YES	386
28	0.53	1380	731.4	16.4	7.36	26.9	YES	380
29	0.53	1425	755.3	16.2	7.22	25.8	YES	360
30	0.51	1508	769.1	16.0	7.67	30.9	YES	340
31								

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
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