

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

County: **Wallowa**
 Month/Year: **October 2021**

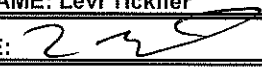
System Name: **City of Joseph** ID#: **41 00414** WTP: **TP -**

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			0.12				0.12
2			0.10				0.10
3			0.10				0.10
4			0.10				0.10
5			0.07				0.07
6			0.10				0.10
7			0.11				0.11
8			0.12				0.12
9			0.08				0.08
10			0.16				0.16
11			0.13				0.13
12			0.09				0.09
13			0.07				0.07
14			0.08				0.08
15			0.15				0.15
16			0.14				0.14
17			0.12				0.12
18			0.11				0.11
19			0.13				0.13
20			0.14				0.14
21			0.16				0.16
22			0.09				0.09
23			0.15				0.15
24			0.09				0.09
25			0.13				0.13
26			0.10				0.10
27			0.09				0.09
28			0.09				0.09
29			0.17				0.17
30			0.17				0.17
31			0.11				0.11

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) Yes	All Cl ₂ residual at entry point ≥ 0.2 mg/l? Yes
All daily turbidity readings ≤ 5 NTU? Yes		

Notes:

PRINTED NAME: **Levi Tickner**

SIGNATURE: 

DATE: **11/2/2021**

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- :

System Name: City of Joseph ID#: 41 00414 Month/Year: Oct 2021

Disinfection *Giardia* Log Inactiv: 1.0

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	1425	712.5	16.1	7.56	29.4	YES	360
2	0.47	1465	688.6	15.7	7.68	31.5	YES	350
3	0.46	1486	683.6	15.8	7.56	29.9	YES	345
4	0.45	1486	668.7	15.8	7.64	30.8	YES	345
5	0.51	1508	769.1	15.8	7.77	32.5	YES	340
6	0.49	1508	738.9	15.8	8.32	39.7	YES	340
7	0.52	1768	919.4	15.1	7.83	34.8	YES	290
8	0.47	1710	803.7	15.0	7.52	31.1	YES	300
9	0.5	1832	916.0	15.0	7.88	35.6	YES	280
10	0.45	1825	821.3	15.2	7.62	31.8	YES	281
11	0.39	1727	673.5	14.2	7.92	37.6	YES	297
12	0.4	1710	684.0	13.9	8.13	41.6	YES	300
13	0.44	1832	806.1	13.6	7.81	37.9	YES	280
14	0.45	1900	855.0	13.3	7.95	40.7	YES	270
15	0.59	1900	1121.0	13.1	7.94	41.8	YES	270
16	0.43	1973	848.4	13.1	7.36	33.1	YES	260
17	0.53	1768	937.0	12.9	7.60	37.1	YES	290
18	0.46	1000	460.0	12.8	7.68	38.1	YES	470
19	0.43	1710	735.3	12.7	7.76	39.4	YES	300
20	0.5	1832	916.0	12.6	7.73	39.6	YES	280
21	0.5	1800	900.0	12.6	8.00	43.7	YES	285
22	0.61	1865	1137.7	12.5	7.89	42.8	YES	275
23	0.63	1935	1219.1	12.1	8.11	47.6	YES	265
24	0.69	1900	1311.0	12.1	8.19	49.3	YES	270
25	0.67	1943	1301.8	11.8	8.23	50.9	YES	264
26	0.64	1900	1216.0	11.5	7.86	45.4	YES	270
27	0.6	1943	1165.8	11.4	7.85	45.3	YES	264
28	0.68	1900	1292.0	11.3	7.77	44.7	YES	270
29	0.67	1900	1273.0	11.3	7.86	46.1	YES	270
30	0.57	1900	1083.0	11.2	7.73	43.9	YES	270
31	0.63	1800	1134.0	11.0	8.08	50.7	YES	285

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