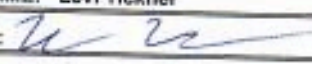


OHA - Drinking Water Services - Surface Water Quality Data Form  
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Willowa**  
 Month/Year: **Feb-22**

Day	12 AM [NTU]	1 AM [NTU]	3 AM [NTU]	6 AM [NTU]	PM [NTU]	8 PM [NTU]	Highest Reading of the day 1 [NTU]
1			0.09				0.09
2			0.21				0.21
3			0.08				0.08
4			0.11				0.11
5			0.10				0.10
6			0.16				0.16
7			0.15				0.15
8			0.17				0.17
9			0.17				0.17
10			0.14				0.14
11			0.11				0.11
12			0.14				0.14
13			0.14				0.14
14			0.10				0.10
15			0.22				0.22
16			0.13				0.13
17			0.16				0.16
18			0.12				0.12
19			0.14				0.14
20			0.08				0.08
21			0.09				0.09
22			0.09				0.09
23			0.10				0.10
24			0.12				0.12
25			0.09				0.09
26			0.11				0.11
27			0.11				0.11
28			0.15				0.15
29							
30							
31							

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? 2	<b>Yes</b>	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
<b>Notes:</b>		<b>PRINTED NAME:</b> Levi Tickner	
		<b>SIGNATURE:</b> 	<b>DATE:</b> 3-10-2022
		<b>PHONE #:</b> ( 541 )760-9362	<b>CERT #:</b> 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.

<b>OHA - Drinking Water Services - Surface Water Quality Data Form</b>		<b>WTP- :</b>	
<b>System Name:</b>	<b>ID#: 41</b>	<b>Month/Year:</b>	<b>Disinfection Giardia Log Inactiv: 1.0</b>

Date / Time	Minimum Cl <sub>2</sub> 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	0.54	2360	1274.4	5.9	8.39	79.4	YES	192
2	0.49	2404	1178.0	5.7	7.55	58.9	YES	192
3	0.52	2436	1266.7	5.9	7.80	63.8	YES	193
4	0.58	2339	1356.6	6.8	7.56	55.8	YES	193
5	0.53	2423	1284.2	5.7	7.53	56.7	YES	194
6	0.56	2436	1364.2	5.9	7.55	58.6	YES	193
7	0.49	2449	1200.0	5.9	8.04	69.4	YES	192
8	0.49	2427	1189.2	6.2	7.49	55.7	YES	193
9	0.51	2353	1200.0	6.2	7.63	58.7	YES	193
10	0.4	2303	921.2	6.6	7.60	55.8	YES	193
11	0.54	2291	1237.1	6.6	8.26	72.1	YES	194
12	0.42	2327	977.3	6.6	8.27	71.4	YES	194
13	0.49	2355	1154.0	6.9	7.57	54.7	YES	196
14	0.47	2394	1125.2	6.9	7.91	61.7	YES	195
15	0.51	2530	1290.3	7.2	8.09	64.8	YES	194
16	0.5	2392	1196.0	6.8	8.20	69.3	YES	193
17	0.52	2436	1266.7	6.8	8.19	69.2	YES	193
18	0.48	2436	1120.6	6.9	8.42	74.2	YES	193
19	0.47	2449	1151.0	7.0	8.04	64.2	YES	192
20	0.5	2392	1196.0	7.1	7.84	59.5	YES	193
21	0.52	2392	1243.8	7.0	7.69	56.9	YES	193
22	0.51	2439	1243.9	6.9	7.54	54.2	YES	193
23	0.48	2372	1138.6	6.6	7.79	60.3	YES	192
24	0.49	2379	1165.7	6.7	7.89	62.2	YES	194
25	0.48	2377	1141.0	6.3	8.40	76.9	YES	196
26	0.5	2414	1207.0	6.4	7.98	65.7	YES	195
27	0.51	2379	1213.3	6.7	8.14	68.3	YES	196
28	0.51	2430	1239.3	6.8	7.89	61.9	YES	197
29								
30								
31								

3 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.dmwce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350