


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

County: Wallowa  
 Month/Year: Apr-22

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			0.09				0.09
2			0.09				0.09
3			0.12				0.12
4			0.12				0.12
5			0.07				0.07
6			0.10				0.10
7			0.11				0.11
8			0.13				0.13
9			0.19				0.19
10			0.16				0.16
11			0.13				0.13
12			0.10				0.10
13			0.14				0.14
14			0.19				0.19
15			0.09				0.09
16			0.14				0.14
17			0.11				0.11
18			0.10				0.10
19			0.14				0.14
20			0.13				0.13
21			0.11				0.11
22			0.11				0.11
23			0.15				0.15
24			0.11				0.11
25			0.12				0.12
26			0.08				0.08
27			0.15				0.15
28			0.12				0.12
29			0.14				0.14
30			0.16				0.16
31							

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

Notes:	PRINTED NAME: Levi Tickner	
	SIGNATURE: 	DATE: 5/10/2022
	PHONE #: ( 541 ) 760-9362	CERT #: T008780

<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- :

System Name: City of Joseph ID#: 41 00414 Month/Year: Apr-22 Disinfection *Giardia* Log Inactiv: 1.0

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	0.48	2293	1100.6	7.4	8.80	82.6	YES	205
2	0.45	2409	1084.1	9.0	8.20	59.3	YES	203
3	0.49	2241	1098.1	9.0	7.23	42.2	YES	206
4	0.45	2241	1008.5	9.0	7.56	47.1	YES	206
5	0.42	1497	628.7	9.0	8.15	58.0	YES	274
6	0.52	2251	1170.5	8.9	7.13	41.1	YES	207
7	0.49	2251	1103.0	9.2	7.67	48.6	YES	207
8	0.49	2203	1079.5	8.4	7.36	45.9	YES	211
9	0.5	2167	1083.5	8.7	7.58	48.7	YES	215
10	0.46	2157	992.2	9.3	7.31	42.4	YES	216
11	0.47	2237	1051.4	8.9	7.25	42.6	YES	214
12	0.51	2168	1105.7	8.9	7.61	48.6	YES	214
13	0.5	2052	1026.0	8.4	7.57	49.5	YES	216
14	0.42	2262	950.0	8.3	7.63	50.5	YES	215
15	0.51	2148	1095.5	8.4	7.60	50.1	YES	216
16	0.5	2153	1076.5	8.6	7.95	56.0	YES	215
17	0.59	2187	1290.3	8.7	7.34	45.2	YES	215
18	0.53	2140	1134.2	8.3	7.62	50.9	YES	220
19	0.54	2052	1108.1	9.2	7.47	45.5	YES	227
20	0.51	1950	994.5	8.8	7.60	48.8	YES	228
21	0.52	1200	624.0	9.4	7.54	45.9	YES	228
22	0.54	2094	1130.8	9.5	7.65	47.6	YES	227
23	0.52	1958	1018.2	9.5	7.49	44.8	YES	227
24	0.51	2049	1045.0	9.6	7.62	46.6	YES	229
25	0.5	2053	1026.5	10.8	7.65	43.4	YES	229
26	0.45	2025	911.3	10.2	7.54	43.2	YES	228
27	0.53	2025	1073.3	10.6	7.66	44.3	YES	230
28	0.48	1995	957.6	9.8	7.40	42.4	YES	233
29	0.52	2062	1072.2	10.1	7.51	43.4	YES	233
30	0.49	2044	1001.6	9.7	7.38	42.4	YES	235
31								

<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; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350