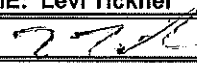


**OHA - Drinking Water Services - Surface Water Quality Data Form**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

County: **Wallowa**  
 Month/Year: **Aug-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			0.14				0.14
2			0.08				0.08
3			0.19				0.19
4			0.14				0.14
5			0.14				0.14
6			0.07				0.07
7			0.10				0.10
8			0.15				0.15
9			0.07				0.07
10			0.09				0.09
11			0.09				0.09
12			0.13				0.13
13			0.13				0.13
14			0.09				0.09
15			0.10				0.10
16			0.11				0.11
17			0.10				0.10
18			0.10				0.10
19			0.08				0.08
20			0.10				0.10
21			0.13				0.13
22			0.13				0.13
23			0.10				0.10
24			0.11				0.11
25			0.12				0.12
26			0.18				0.18
27			0.16				0.16
28			0.16				0.16
29			0.10				0.10
30			0.13				0.13
31			0.11				0.11

<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>	<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> 9/8/2022
		<b>PHONE #:</b> ( 541 ) 760-9362	<b>CERT #:</b> 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: :

System Name: City of Joseph ID#: 41 00414 Month/Year: Aug-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	0.52	657	341.6	16.5	7.82	31.6	YES	728
2	0.48	608	291.8	16.5	7.84	31.7	YES	779
3	0.52	696	361.9	16.3	7.79	31.7	YES	700
4	0.49	750	367.5	16.2	7.68	30.5	YES	660
5	0.47	573	269.3	16.3	8.67	43.6	YES	820
6	0.49	704	345.0	16.4	7.73	30.7	YES	680
7	0.47	703	330.4	16.5	8.43	39.4	YES	681
8	0.46	721	331.7	16.4	7.12	24.4	YES	680
9	0.46	552	253.9	17.2	7.63	27.9	YES	836
10	0.51	582	296.8	17.8	7.76	28.3	YES	800
11	0.48	607	291.4	17.9	7.84	28.9	YES	780
12	0.47	577	271.2	16.9	7.62	28.4	YES	820
13	0.49	761	372.9	16.4	7.96	33.4	YES	640
14	0.49	730	357.7	16.6	7.65	29.4	YES	660
15	0.47	722	339.3	17.4	7.60	27.3	YES	665
16	0.5	693	346.5	17.3	7.54	27.0	YES	683
17	0.42	671	281.8	18.2	7.79	27.6	YES	700
18	0.46	722	332.1	18.3	7.68	26.4	YES	670
19	0.5	736	368.0	18.5	7.61	25.5	YES	642
20	0.45	988	444.6	18.3	7.97	29.4	YES	479
21	0.46	600	276.0	18.1	7.88	28.9	YES	790
22	0.43	650	279.5	18.7	7.54	24.3	YES	740
23	0.42	603	253.3	18.5	7.70	26.2	YES	790
24	0.42	716	300.7	18.8	7.63	25.0	YES	680
25	0.5	995	497.5	18.9	7.56	24.4	YES	480
26	0.5	575	287.5	19.1	7.67	25.1	YES	820
27	0.47	588	276.4	19.0	7.58	24.3	YES	840
28	0.49	898	440.0	18.7	7.60	25.1	YES	550
29	0.51	642	327.4	18.9	8.08	29.6	YES	729
30	0.52	741	385.3	19.8	7.31	21.0	YES	630
31	0.55	667	366.9	19.3	7.48	23.2	YES	700

<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