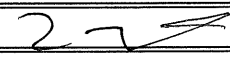


OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Wallowa**
 Month/Year: **Oct-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 ¹ [NTU]
1			0.10				0.10
2			0.11				0.11
3			0.09				0.09
4			0.10				0.10
5			0.12				0.12
6			0.08				0.08
7			0.12				0.12
8			0.10				0.10
9			0.13				0.13
10			0.12				0.12
11			0.10				0.10
12			0.12				0.12
13			0.12				0.12
14			0.14				0.14
15			0.14				0.14
16			0.09				0.09
17			0.13				0.13
18			0.19				0.19
19			0.19				0.19
20			0.13				0.13
21			0.12				0.12
22			0.11				0.11
23			0.10				0.10
24			0.09				0.09
25			0.13				0.13
26			0.07				0.07
27			0.13				0.13
28			0.14				0.14
29			0.11				0.11
30			0.09				0.09
31			0.10				0.10

Slow Sand/Membrane/DE Filtration/Unfiltered 95% of daily turbidity readings ≤ 1 NTU? ² Yes All daily turbidity readings ≤ 5 NTU? Yes	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) Yes	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes
Notes:	PRINTED NAME: Levi Tickner	
	SIGNATURE: 	DATE: 11/3/2022
	PHONE #: (541) 760-9362	
	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-22

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	0.44	1547	680.7	16.1	7.88	32.9	YES	332
2	0.41	1613	661.3	16.2	7.89	32.7	YES	318
3	0.45	1469	661.1	16.8	7.92	31.9	YES	350
4	0.43	1470	632.1	17.1	7.87	30.6	YES	350
5	0.43	1371	589.5	15.9	7.64	30.5	YES	361
6	0.45	1368	615.6	16.0	8.36	39.6	YES	375
7	0.46	1425	655.5	16.0	7.65	30.5	YES	360
8	0.46	1386	637.6	15.9	7.98	34.7	YES	370
9	0.5	1573	786.5	15.8	7.69	31.5	YES	326
10	0.45	1576	709.2	15.6	7.63	31.0	YES	326
11	0.48	1569	753.1	15.7	8.40	41.1	YES	330
12	0.47	1548	727.6	15.5	7.55	30.4	YES	335
13	0.46	1581	727.3	15.3	7.68	32.3	YES	325
14	0.46	1474	678.0	15.3	7.66	32.1	YES	350
15	0.45	1454	654.3	15.9	7.74	31.7	YES	355
16	0.43	1519	653.2	15.1	7.68	32.6	YES	340
17	0.42	1460	613.2	15.2	7.65	32.0	YES	355
18	0.46	1733	797.2	15.0	7.53	31.2	YES	296
19	0.55	1960	1078.0	15.0	7.59	32.2	YES	263
20	0.45	1957	880.7	16.4	7.62	29.3	YES	263
21	0.44	1727	759.9	16.5	7.58	28.7	YES	297
22	0.42	1693	711.1	16.1	7.45	28.0	YES	303
23	0.45	1712	770.4	15.5	8.19	38.4	YES	302
24	0.44	1654	727.8	15.0	7.59	31.8	YES	310
25	0.48	1786	857.3	14.8	7.76	34.5	YES	289
26	0.48	1674	803.5	14.0	7.15	29.0	YES	310
27	0.44	1668	733.9	13.7	7.74	36.7	YES	310
28	0.41	1664	682.2	13.4	7.91	39.7	YES	310
29	0.43	1663	715.1	13.2	7.82	39.0	YES	311
30	0.45	1477	664.7	13.1	7.68	37.4	YES	350
31	0.49	1587	777.6	13.2	7.56	35.7	YES	325

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:

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