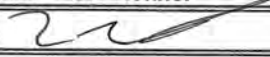


OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Wallowa**
 Month/Year: **Nov-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			0.08				0.08
2			0.10				0.10
3			0.11				0.11
4			0.10				0.10
5			0.15				0.15
6			0.11				0.11
7			0.08				0.08
8			0.09				0.19
9			0.11				0.11
10			0.16				0.16
11			0.09				0.09
12			0.09				0.09
13			0.10				0.10
14			0.11				0.11
15			0.12				0.12
16			0.17				0.19
17			0.14				0.14
18			0.11				0.11
19			0.12				0.12
20			0.12				0.12
21			0.09				0.09
22			0.08				0.08
23			0.08				0.08
24			0.09				0.09
25			0.17				0.17
26			0.15				0.15
27			0.14				0.14
28			0.12				0.12
29			0.09				0.09
30			0.11				0.11
31							

Slow Sand/Membrane/DE Filtration/Unfiltered 95% of daily turbidity readings \leq 1 NTU? ² Yes All daily turbidity readings \leq 5 NTU? Yes		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) Yes All Cl ₂ residual at entry point \geq 0.2 mg/l? Yes	
Notes:		PRINTED NAME: Levi Tickner SIGNATURE:  PHONE #: (541) 760-9362 DATE: 12/8/2022 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:

ID#: 41

Month/Year:

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	1564	782.0	13.2	7.61	36.4	YES	330
2	0.53	1562	827.9	12.9	7.54	36.3	YES	330
3	0.43	1542	663.1	12.5	7.79	40.4	YES	335
4	0.5	1137	568.5	12.6	7.57	37.3	YES	421
5	0.64	1738	1112.3	12.6	8.07	45.5	YES	295
6	0.46	1704	783.8	11.9	8.42	52.8	YES	301
7	0.51	1671	852.2	11.7	7.97	45.9	YES	307
8	0.48	1660	796.8	11.2	8.35	54.1	YES	309
9	0.55	1649	907.0	11.0	7.92	47.4	YES	311
10	0.53	1665	882.5	10.5	8.57	61.8	YES	308
11	0.53	1704	903.1	10.4	8.20	54.4	YES	301
12	0.56	1593	892.1	10.1	8.09	53.6	YES	322
13	0.53	1601	848.5	10.1	8.19	55.3	YES	299
14	0.57	1715	977.6	9.9	7.71	47.5	YES	299
15	0.55	1621	891.6	9.4	7.59	46.9	YES	318
16	0.6	1710	1026.0	9.4	7.81	51.0	YES	300
17	0.6	1017	610.2	9.8	7.62	46.4	YES	496
18	0.55	1613	887.2	9.7	7.74	48.5	YES	320
19	0.57	1516	864.1	9.6	7.82	50.4	YES	340
20	0.58	1538	892.0	9.2	7.69	49.4	YES	335
21	0.57	1583	902.3	9.2	7.71	49.7	YES	325
22	0.54	1564	844.6	9.1	7.85	52.4	YES	330
23	0.56	1123	628.9	9.1	7.60	48.1	YES	440
24	0.58	1059	614.2	9.2	7.50	46.2	YES	440
25	0.58	1350	783.0	9.2	7.49	46.1	YES	380
26	0.62	1444	895.3	8.3	7.47	48.8	YES	360
27	0.61	1616	985.8	9.2	7.72	50.1	YES	320
28	0.49	1588	778.1	8.8	8.15	59.3	YES	325
29	0.45	1663	748.4	6.0	7.48	56.0	YES	310
30	0.43	1614	694.0	8.7	8.64	70.8	YES	320
31								

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