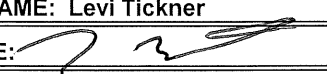


OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

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

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ²	Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes / No	Yes	Yes
Notes: December 14, 2022 the well was ran in place of the plant. CL2 was .47. PH 7.55	PRINTED NAME: Levi Tickner		
	SIGNATURE: 		DATE: 1/10/2023
	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- :
 Disinfection *Giardia* Log
 Inactiv: 1.0

System Name: City of Joseph ID#: 41 Month/Year:

Date / Time	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	0.53	1565	829.5	8.8	7.72	51.0	YES	330
2	0.45	1586	713.7	8.1	8.41	68.0	YES	325
3	0.46	1559	717.1	8.1	8.12	61.3	YES	330
4	0.53	1611	853.8	8.0	7.63	52.1	YES	320
5	0.56	1718	962.1	7.9	7.82	56.4	YES	300
6	0.52	1634	849.7	7.6	7.64	53.7	YES	315
7	0.52	1698	883.0	7.5	7.64	54.0	YES	305
8	0.56	1876	1050.6	7.2	7.52	53.1	YES	276
9	0.54	1725	931.5	7.8	7.65	53.3	YES	299
10	0.52	1756	913.1	7.9	7.82	56.1	YES	294
11	0.53	1685	893.1	7.9	7.67	53.2	YES	306
12	0.52	1721	894.9	7.9	8.07	61.4	YES	300
13	0.49	1616	791.8	8.2	7.92	56.8	YES	320
14								
15	0.57	1040	592.8	7.9	7.82	56.4	YES	485
16	0.5	1644	822.0	8.0	7.44	48.6	YES	315
17	0.53	1698	899.9	7.2	7.57	53.8	YES	305
18	0.51	1536	783.4	6.9	7.61	55.6	YES	335
19	0.47	1530	719.1	6.9	7.72	57.6	YES	338
20	0.51	1636	834.4	6.9	7.54	54.2	YES	315
21	0.55	1643	903.7	6.9	7.53	54.3	YES	314
22	0.52	1622	843.4	6.9	7.75	58.6	YES	318
23	0.53	1474	781.2	6.9	7.46	52.8	YES	350
24	0.5	1358	679.0	6.6	8.03	66.0	YES	380
25	0.53	1340	710.2	7.0	7.33	50.1	YES	385
26	0.55	1359	747.5	7.3	7.37	49.9	YES	385
27	0.58	1288	747.0	7.2	7.51	53.0	YES	385
28	0.52	1620	842.4	7.4	7.41	50.1	YES	318
29	0.6	1516	909.6	7.0	7.56	54.8	YES	340
30	0.56	1508	844.5	7.0	7.61	55.6	YES	340
31	0.51	1508	769.1	7.2	8.70	81.0	YES	340

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Return by 10th of following month by email, fax, or mail to:
dlw.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350