

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

County: **Wallowa**
 Month/Year: **Jan-23**

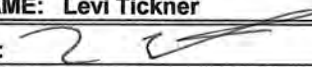
System Name: **City of Joseph** ID#: **41 00414** WTP: **TP -**

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

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

Notes:

PRINTED NAME: **Levi Tickner**

SIGNATURE: 

DATE: **2/10/2023**

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 00414 Month/Year: Jan-23

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	0.43	1378	592.5	7.0	7.68	56.1	YES	375
2	0.71	1611	1143.8	6.9	7.67	58.2	YES	320
3	0.62	1052	652.2	6.6	7.64	58.1	YES	485
4	0.51	1325	675.8	6.8	7.61	56.0	YES	385
5	0.53	1633	865.5	6.6	7.68	58.3	YES	316
6	0.54	1513	817.0	6.8	7.89	62.2	YES	341
7	0.5	1613	806.5	6.9	8.11	66.6	YES	318
8	0.49	1363	667.9	7.2	8.01	62.8	YES	378
9	0.52	1563	812.8	7.0	7.67	56.5	YES	330
10	0.51	1577	804.3	6.4	7.80	61.6	YES	327
11	0.55	1540	847.0	6.8	7.71	58.3	YES	335
12	0.53	1560	826.8	6.7	7.65	57.3	YES	330
13	0.5	1425	712.5	6.7	7.58	55.7	YES	360
14	0.52	1559	810.7	6.8	7.62	56.3	YES	330
15	0.57	1559	888.6	6.9	7.65	56.8	YES	330
16	0.54	1533	827.8	6.9	7.61	55.8	YES	335
17	0.52	1559	810.7	6.9	7.64	56.3	YES	330
18	0.53	1562	827.9	6.5	7.68	58.7	YES	330
19	0.54	1558	841.3	6.5	7.50	55.1	YES	330
20	0.53	1501	795.5	6.3	7.55	56.8	YES	340
21	0.54	1516	818.6	6.1	7.62	59.1	YES	340
22	0.56	1514	847.8	5.9	7.64	60.5	YES	350
23	0.52	1568	815.4	5.9	7.63	60.0	YES	327
24	0.54	1513	817.0	5.8	8.37	79.3	YES	340
25	0.52	1536	798.7	5.8	7.67	61.3	YES	335
26	0.54	1474	796.0	6.0	7.69	61.0	YES	350
27	0.55	1517	834.4	6.1	7.63	59.4	YES	339
28	0.56	1430	800.8	6.2	7.66	59.7	YES	360
29	0.55	1561	858.6	5.8	7.64	60.8	YES	330
30	0.53	1540	816.2	5.4	7.66	62.8	YES	335
31	0.47	1575	740.3	5.2	7.75	65.3	YES	327

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