

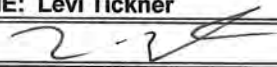
OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

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

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: 3/2/2023
	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: Feb-23

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	0.47	1609	756.2	5.2	7.73	64.9	YES	320
2	0.51	1962	1000.6	5.2	7.54	60.8	YES	264
3	0.53	2002	1061.1	5.5	8.54	86.1	YES	259
4	0.49	1968	964.3	5.3	7.97	70.5	YES	262
5	0.52	1983	1031.2	4.2	7.89	74.1	YES	261
6	0.42	1990	835.8	5.9	7.74	61.7	YES	260
7	0.41	1539	631.0	5.9	7.74	61.6	YES	335
8	0.49	1576	772.2	5.9	7.36	54.3	YES	327
9	0.51	1612	822.1	5.7	7.63	60.7	YES	320
10	0.51	1546	788.5	5.6	7.63	61.2	YES	333
11	0.51	1560	795.6	5.5	8.52	85.3	YES	330
12	0.53	1613	854.9	5.5	7.66	62.4	YES	320
13	0.51	1639	835.9	5.5	7.54	59.6	YES	315
14	0.51	1586	808.9	5.4	7.65	62.5	YES	325
15	0.52	1562	812.2	4.8	7.67	65.6	YES	330
16	0.51	1562	796.6	5.4	7.65	62.5	YES	330
17	0.5	1516	758.0	5.2	7.66	63.5	YES	340
18	0.47	1432	673.0	5.5	7.65	61.7	YES	360
19	0.54	1393	752.2	5.5	7.62	61.6	YES	370
20	0.5	1693	846.5	5.3	7.60	61.7	YES	303
21	0.49	1631	799.2	5.9	8.30	76.3	YES	315
22	0.59	1561	921.0	5.3	7.60	62.3	YES	330
23	0.55	1517	834.4	5.4	7.59	61.4	YES	340
24	0.52	1511	785.7	5.3	7.64	62.7	YES	340
25	0.51	1511	770.6	5.4	8.55	86.9	YES	340
26	0.48	1511	725.3	5.5	7.56	59.8	YES	340
27	0.49	1560	764.4	5.2	7.65	63.2	YES	330
28	0.5	1574	787.0	5.1	7.58	62.1	YES	327
29								
30								
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