

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

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

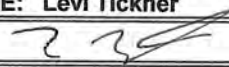
System Name: **City of Joseph** ID#: **41 00414** WTP: **TP -**

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			0.13				0.13
2			0.13				0.13
3			0.16				0.16
4			0.09				0.09
5			0.14				0.14
6			0.10				0.10
7			0.08				0.08
8			0.07				0.07
9			0.13				0.13
10			0.11				0.11
11			0.11				0.11
12			0.11				0.11
13			0.08				0.08
14			0.10				0.10
15			0.11				0.11
16			0.10				0.10
17			0.08				0.08
18			0.10				0.10
19			0.08				0.08
20			0.14				0.14
21			0.09				0.09
22			0.07				0.07
23			0.10				0.10
24			0.08				0.08
25			0.12				0.12
26			0.08				0.08
27			0.10				0.10
28			0.10				0.10
29			0.07				0.07
30			0.09				0.09
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)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes	Yes	Yes

Notes:

PRINTED NAME: **Levi Tickner**

SIGNATURE: 

DATE: **7/7/2023**

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- :

System Name: City of Joseph ID#: 41 00414 Month/Year: Jun-23 Disinfection *Giardia* Log Inactiv: 1.0

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	0.49	1431	701.2	11.9	7.69	40.9	YES	360
2	0.47	1066	501.0	12.0	7.72	41.0	YES	480
3	0.45	1117	502.7	12.2	7.70	40.1	YES	450
4	0.48	1129	541.9	12.7	7.77	39.8	YES	450
5	0.46	781	359.3	12.8	7.64	37.6	YES	630
6	0.45	805	362.3	12.8	7.64	37.5	YES	600
7	0.5	771	385.5	13.6	7.59	35.2	YES	600
8	0.52	880	457.6	13.4	7.60	35.8	YES	573
9	0.56	934	523.0	12.8	7.65	38.2	YES	540
10	0.92	875	805.0	12.7	8.55	55.7	YES	570
11	0.52	748	389.0	12.7	7.71	39.2	YES	660
12	0.51	1015	517.7	13.0	7.61	36.9	YES	480
13	0.52	810	421.2	13.1	7.68	37.7	YES	605
14	0.54	809	436.9	12.8	7.65	38.1	YES	600
15	0.61	2088	1273.7	12.6	7.65	38.9	YES	231
16	0.48	811	389.3	12.5	7.79	40.6	YES	600
17	0.44	1442	634.5	13.2	8.02	42.0	YES	346
18	0.53	726	384.8	13.3	7.68	37.2	YES	705
19	0.47	948	445.6	12.8	8.52	52.0	YES	540
20	0.41	1093	448.1	12.4	7.73	39.8	YES	470
21	0.4	902	360.8	12.2	7.64	39.1	YES	555
22	0.37	975	360.8	12.6	7.67	38.1	YES	510
23	0.4	840	336.0	12.8	7.62	37.1	YES	580
24	0.54	1105	596.7	13.7	7.64	35.7	YES	450
25	0.6	1059	635.4	13.7	7.63	35.8	YES	480
26	0.61	770	469.7	13.5	7.67	36.9	YES	660
27	0.54	1425	769.5	13.9	7.77	37.0	YES	360
28	0.52	1094	568.9	13.6	7.77	37.7	YES	465
29	0.51	1002	511.0	13.6	7.64	35.8	YES	502
30	0.41	773	316.9	14.0	7.54	33.3	YES	630
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