


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

County: Wallowa  
 Month/Year: Jul-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 <sup>1</sup> [NTU]
1			0.08				0.08
2			0.08				0.08
3			0.06				0.06
4			0.10				0.10
5			0.07				0.07
6			0.11				0.11
7			0.15				0.15
8			0.08				0.08
9			0.09				0.09
10			0.07				0.07
11			0.11				0.11
12			0.11				0.11
13			0.10				0.10
14			0.07				0.07
15			0.14				0.14
16			0.02				0.18
17			0.10				0.10
18			0.14				0.14
19			0.08				0.08
20			0.15				0.15
21			0.10				0.10
22			0.08				0.08
23			0.08				0.08
24			0.11				0.11
25			0.07				0.00
26			0.09				0.09
27			0.07				0.07
28			0.17				0.17
29			0.08				0.06
30			0.12				0.12
31			0.07				0.07

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	Yes	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes	Yes / No	Yes

Notes:	PRINTED NAME: Levi Tickner	
	SIGNATURE: 	DATE: 8/10/2023
	PHONE #: ( 541 ) 760-9362	CERT #: T008780

<sup>1</sup> 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. <sup>2</sup> 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: Jul-23

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1	0.67	722	483.7	14.3	7.64	34.8	YES	645
2	0.64	727	465.3	14.3	7.62	34.5	YES	667
3	0.61	696	424.6	14.6	7.70	34.7	YES	705
4	0.64	649	415.4	14.5	7.60	33.8	YES	720
5	0.64	575	368.0	14.6	7.70	34.8	YES	810
6	0.68	1064	723.5	15.1	7.55	32.0	YES	448
7	0.69	689	475.4	15.1	7.74	34.4	YES	691
8	0.64	534	341.8	15.1	8.09	38.9	YES	850
9	0.58	1180	684.4	15.1	7.59	32.1	YES	404
10	0.69	851	587.2	16.5	7.56	29.3	YES	559
11	0.63	597	376.1	15.4	7.59	31.6	YES	780
12	0.62	673	417.3	15.6	7.48	29.9	YES	730
13	0.62	660	409.2	16.4	7.49	28.5	YES	740
14	0.63	630	396.9	16.2	7.63	30.4	YES	780
15	0.59	601	354.6	17.6	7.39	25.2	YES	810
16	0.6	708	424.8	18.5	7.51	24.9	YES	690
17	0.56	713	399.3	16.4	7.73	30.9	YES	690
18	0.57	630	359.1	16.8	7.90	32.1	YES	773
19	0.58	533	309.1	17.4	7.33	25.0	YES	900
20	0.58	601	348.6	16.9	7.43	26.8	YES	810
21	0.57	570	324.9	18.4	7.56	25.4	YES	848
22	0.6	568	340.8	17.0	7.43	26.7	YES	847
23	0.58	581	337.0	18.8	7.57	24.9	YES	825
24	0.56	709	397.0	17.9	7.68	27.5	YES	690
25	0.54	732	395.3	17.2	7.46	26.5	YES	668
26	0.52	591	307.3	17.2	7.37	25.5	YES	780
27	0.47	593	278.7	17.0	7.40	26.0	YES	803
28	0.52	540	280.8	17.4	7.66	28.1	YES	882
29	0.47	548	257.6	18.4	7.57	25.2	YES	891
30	0.52	591	307.3	17.9	7.62	26.7	YES	830
31	0.49	556	272.4	18.2	7.60	25.9	YES	860

<sup>3</sup> If Cl<sub>2</sub> 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