


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

County: **Wallowa**
 Month/Year: **Sep-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			0.13				0.13
4			0.11				0.11
5			0.11				0.11
6			0.11				0.11
7			0.12				0.12
8			0.10				0.10
9			0.12				0.12
10			0.07				0.07
11			0.11				0.11
12			0.18				0.18
13			0.19				0.19
14			0.18				0.18
15			0.12				0.12
16			0.09				0.09
17			0.10				0.10
18			0.19				0.19
19			0.13				0.13
20			0.10				0.10
21			0.06				0.06
22			0.10				0.10
23			0.09				0.09
24			0.08				0.08
25			0.08				0.08
26			0.10				0.13
27			0.12				0.12
28			0.12				0.12
29			0.13				0.13
30			0.12				0.12
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 Cl2 residual at entry point ≥ 0.2 mg/l? Yes
All daily turbidity readings ≤ 5 NTU? Yes		

Notes:	PRINTED NAME: Levi Tickner	
	SIGNATURE: 	DATE: 10/7/2023
	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- :

Disinfection *Giardia* Log

Inactiv:

1.0

System Name: City of Joseph ID#: 41 00414 Month/Year: Sep-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	0.48	1046	502.1	18.7	7.30	22.4	YES	480
2	0.52	1055	548.6	18.8	7.25	21.9	YES	480
3	0.54	1052	568.1	18.9	7.61	25.0	YES	480
4	0.63	822	517.9	18.8	7.20	21.8	YES	615
5	0.52	1073	558.0	18.6	7.37	23.2	YES	473
6	0.44	894	393.4	18.5	7.56	24.9	YES	566
7	0.43	1019	438.2	18.4	7.64	25.8	YES	495
8	0.41	1126	461.7	19.1	7.63	24.5	YES	450
9	0.45	1115	501.8	18.7	7.63	25.2	YES	450
10	0.6	940	564.0	18.9	7.68	25.8	YES	540
11	0.7	702	491.4	18.7	7.38	23.7	YES	720
12	0.72	894	643.7	18.7	7.78	27.5	YES	570
13	0.7	946	662.2	18.5	7.75	27.5	YES	540
14	0.69	888	612.7	18.3	7.58	26.2	YES	568
15	0.61	788	480.7	18.3	7.70	27.1	YES	630
16	0.66	787	519.4	18.5	7.66	26.5	YES	630
17	0.69	864	596.2	18.6	7.67	26.5	YES	570
18	0.72	811	583.9	18.5	7.60	26.1	YES	600
19	0.69	746	514.7	18.0	7.65	27.4	YES	630
20	0.69	1149	792.8	17.5	7.66	28.4	YES	421
21	0.52	1232	640.6	16.8	7.79	30.6	YES	420
22	0.49	1222	598.8	16.7	7.76	30.4	YES	420
23	0.52	1270	660.4	16.4	7.85	32.2	YES	405
24	0.3	1072	321.6	16.3	7.77	30.7	YES	480
25	0.4	1212	484.8	16.2	7.74	30.9	YES	425
26	0.32	1287	411.8	16.4	7.83	31.2	YES	400
27	0.34	1475	501.5	16.1	7.86	32.3	YES	350
28	0.4	1400	560.0	15.7	7.85	33.3	YES	370
29	0.42	1363	572.5	15.5	7.87	34.0	YES	380
30	0.45	1518	683.1	15.3	7.87	34.6	YES	340
31								

Revised July 2018

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:

dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350