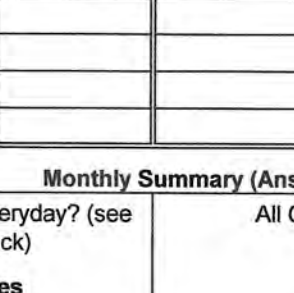


OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Wallow**
 Month/Year: **Oct-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			0.10				0.10
2			0.13				0.13
3			0.10				0.10
4			0.12				0.15
5			0.10				0.10
6			0.16				0.16
7			0.13				0.13
8			0.11				0.11
9			0.10				0.10
10			0.12				0.12
11			0.09				0.09
12			0.12				0.12
13			0.11				0.11
14			0.11				0.11
15			0.12				0.12
16			0.13				0.13
17			0.12				0.12
18			0.10				0.10
19			0.09				0.09
20			0.12				0.12
21			0.09				0.09
22			0.10				0.10
23			0.13				0.13
24			0.12				0.12
25			0.08				0.08
26			0.18				0.18
27			0.15				0.15
28			0.16				0.16
29			0.18				0.18
30			0.10				0.10
31			0.06				0.06

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: 11/6/2023
		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: Oct-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	0.44	1531	673.6	14.8	7.83	35.2	YES	340
2	0.37	1484	549.1	14.4	8.09	39.5	YES	350
3	0.46	1142	525.3	14.4	7.86	36.7	YES	455
4	0.49	1359	665.9	14.3	7.92	37.9	YES	382
5	0.47	1236	580.9	14.3	7.99	38.8	YES	415
6	0.51	1549	790.0	14.4	7.84	36.6	YES	336
7	0.52	1126	585.5	14.5	7.79	35.7	YES	463
8	0.47	1048	492.6	14.6	7.83	35.8	YES	496
9	0.53	1353	717.1	14.7	7.84	36.0	YES	385
10	0.53	1285	681.1	14.8	7.83	35.6	YES	399
11	0.53	1417	751.0	14.5	7.85	36.6	YES	362
12	0.52	1328	690.6	14.3	7.89	37.6	YES	390
13	0.5	1165	582.5	13.9	7.91	38.8	YES	446
14	0.47	1665	782.6	13.9	7.93	38.9	YES	310
15	0.47	1578	741.7	13.9	7.82	37.4	YES	325
16	0.47	843	396.2	13.9	7.84	37.7	YES	610
17	0.44	1434	631.0	13.8	7.88	38.3	YES	360
18	0.44	1506	662.6	13.7	7.90	38.9	YES	345
19	0.44	1856	816.6	15.5	7.82	33.5	YES	280
20	0.35	2052	718.2	15.5	7.87	33.8	YES	250
21	0.46	1578	725.9	15.6	7.84	33.6	YES	325
22	0.47	1578	741.7	15.7	7.81	33.0	YES	325
23	0.46	1444	664.2	15.7	7.82	33.1	YES	360
24	0.48	1283	615.8	15.4	7.76	33.1	YES	405
25	0.45	1570	706.5	14.9	7.71	33.5	YES	330
26	0.5	1450	725.0	14.4	7.83	36.4	YES	360
27	0.48	1306	626.9	14.1	7.81	36.8	YES	400
28	0.51	1685	859.4	13.7	7.84	38.3	YES	310
29	0.39	1580	616.2	13.0	8.53	51.1	YES	330
30	0.41	1480	606.8	12.8	7.99	42.5	YES	350
31	0.49	1792	878.1	12.7	7.96	42.7	YES	290

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