

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

County: **Willowa**  
 Month/Year: **Nov-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			0.11				0.11
2			0.10				0.10
3			0.10				0.10
4			0.13				0.13
5			0.10				0.10
6			0.09				0.09
7			0.09				0.09
8			0.11				0.11
9			0.10				0.10
10			0.13				0.13
11			0.15				0.15
12			0.12				0.12
13			0.12				0.12
14			0.12				0.12
15			0.12				0.12
16			0.11				0.11
17			0.08				0.08
18			0.09				0.09
19			0.11				0.11
20			0.08				0.08
21			0.11				0.11
22			0.11				0.11
23			0.16				0.16
24			0.15				0.15
25			0.09				0.09
26			0.11				0.11
27			0.08				0.08
28			0.12				0.12
29			0.15				0.15
30			0.14				0.14
31							

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

Notes:

PRINTED NAME: Levi Tickner

SIGNATURE: 

DATE: 12/8/2023

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

System Name: City of Joseph

ID#: 41

00414

Month/Year: Nov-23

Inactiv:

1.0

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]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.51	1485	757.4	12.7	7.93	42.3	YES	350
2	0.53	2340	1240.2	12.8	7.86	41.1	YES	222
3	0.51	1848	942.5	12.7	7.87	41.4	YES	281
4	0.44	2087	918.3	12.9	7.85	40.3	YES	249
5	0.51	2005	1022.6	12.8	7.85	40.8	YES	260
6	0.52	1539	800.3	12.7	7.80	40.4	YES	300
7	0.51	1282	653.8	13.5	7.65	36.2	YES	360
8	0.5	1570	785.0	13.0	7.79	39.4	YES	330
9	0.51	1606	819.1	12.5	7.80	40.9	YES	325
10	0.57	1535	875.0	12.4	7.80	41.5	YES	340
11	0.48	1633	783.8	12.3	7.82	41.7	YES	320
12	0.56	1638	917.3	12.2	7.85	42.8	YES	320
13	0.55	1496	822.8	12.2	0.81	6.7	YES	350
14	0.53	1540	816.2	12.0	7.80	42.5	YES	340
15	0.48	2330	1118.4	11.9	7.84	43.1	YES	225
16	0.49	1901	931.5	11.8	7.99	45.8	YES	275
17	0.47	2095	984.7	11.8	7.79	42.6	YES	250
18	0.42	1800	756.0	11.5	7.78	43.0	YES	290
19	0.48	1328	637.4	11.3	7.75	43.4	YES	390
20	0.47	1319	619.9	10.8	7.87	46.8	YES	350
21	0.49	1539	754.1	10.4	8.14	53.0	YES	300
22	0.49	1389	680.6	10.7	7.99	49.3	YES	350
23	0.52	1560	811.2	11.0	7.92	47.3	YES	300
24	0.5	1343	671.5	10.5	8.18	53.5	YES	350
25	0.42	1489	625.4	10.6	8.48	58.6	YES	310
26	0.41	1489	610.5	10.7	8.16	51.9	YES	310
27	0.38	1459	554.4	9.5	8.68	67.6	YES	325
28	0.41	1343	550.6	9.6	7.92	51.2	YES	350
29	0.44	1368	601.9	9.6	7.88	50.7	YES	380
30	0.36	1727	621.7	9.3	7.85	50.7	YES	300
31								

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

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