

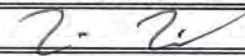
**OHA - Drinking Water Services - Surface Water Quality Data Form**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

County: **Wallowa**  
 Month/Year: **Dec-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			0.20				0.20
2			0.19				0.19
3			0.15				0.15
4			0.17				0.17
5			0.21				0.21
6			0.16				0.16
7			0.18				0.18
8			0.18				0.18
9			0.16				0.16
10			0.19				0.19
11			0.20				0.20
12			0.16				0.16
13			0.17				0.17
14			0.16				0.16
15			0.18				0.18
16			0.16				0.16
17			0.21				0.21
18			0.16				0.16
19			0.16				0.16
20			0.17				0.17
21			0.17				0.17
22			0.21				0.21
23			0.24				0.24
24			0.20				0.20
25			0.20				0.20
26			0.17				0.17
27			0.19				0.19
28			0.11				0.11
29			0.33				0.33
30			0.18				0.18
31			0.17				0.17

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 Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes	Yes	Yes

Notes:	PRINTED NAME: <b>Levi Tickner</b>	
	SIGNATURE: 	DATE: <b>Jan. 10, 2024</b>
	PHONE #: <b>( 541 ) 760-9362</b>	CERT #: <b>T-008780</b>

<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- :

System Name: City of Joseph ID#: 41 00414 Month/Year: Dec-23

Disinfection *Giardia* Log Inactiv: 1.0

Date / Time	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	0.31	1738	538.8	9.7	7.83	48.7	YES	300
2	0.37	1619	599.0	9.6	8.03	53.0	YES	320
3	0.4	1890	756.0	9.5	7.83	49.9	YES	275
4	0.39	1724	672.4	9.5	7.84	50.0	YES	300
5	0.4	1884	753.6	9.8	7.82	48.7	YES	275
6	0.44	1480	651.2	9.8	7.83	49.1	YES	350
7	0.48	1480	710.4	9.7	7.86	50.2	YES	350
8	0.51	2072	1056.7	9.6	7.86	50.7	YES	250
9	0.51	1884	960.8	9.2	7.86	52.1	YES	275
10	0.54	1533	827.8	9.1	7.86	52.6	YES	340
11	0.55	1490	819.5	9.0	7.93	54.4	YES	350
12	0.62	1390	861.8	9.2	7.84	52.4	YES	375
13	0.6	1513	907.8	8.8	7.91	55.1	YES	345
14	0.61	1580	963.8	8.6	7.91	55.9	YES	330
15	0.57	2416	1377.1	8.5	7.92	56.2	YES	215
16	0.57	1862	1061.3	8.4	7.89	56.0	YES	280
17	0.55	1531	842.1	8.4	7.92	56.4	YES	340
18	0.54	1603	865.6	8.1	7.86	56.3	YES	325
19	0.62	1509	935.6	8.2	7.89	57.1	YES	345
20	0.62	1737	1076.9	8.2	7.86	56.4	YES	300
21	0.62	1491	924.4	8.4	7.88	56.1	YES	350
22	0.64	1466	938.2	8.2	7.88	57.0	YES	355
23	0.65	1708	1110.2	7.9	7.92	59.1	YES	305
24	0.64	1373	878.7	7.7	7.90	59.4	YES	375
25	0.56	1314	735.8	7.6	7.88	58.8	YES	390
26	0.55	1315	723.3	7.6	7.92	59.6	YES	390
27	0.52	1184	615.7	7.6	7.92	59.4	YES	440
28	0.53	1370	726.1	7.5	7.84	58.1	YES	380
29	0.58	1988	1153.0	8.0	7.81	55.9	YES	258
30	0.63	1370	863.1	8.0	7.85	57.1	YES	378
31	0.61	2047	1248.7	8.1	7.79	55.3	YES	253

<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](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350