

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

County: **Wallowa**
 Month/Year: **Jul-24**

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			0.18				0.18
2			0.07				0.07
3			0.08				0.08
4			0.07				0.07
5			0.09				0.09
6			0.10				0.10
7			0.11				0.11
8			0.08				0.08
9			0.07				0.07
10			0.09				0.09
11			0.09				0.09
12			0.09				0.09
13			0.08				0.08
14			0.08				0.08
15			0.07				0.07
16			0.08				0.08
17			0.09				0.09
18			0.11				0.11
19			0.09				0.09
20			0.11				0.11
21			0.07				0.07
22			0.07				0.07
23			0.09				0.09
24			0.09				0.09
25			0.09				0.09
26			0.07				0.07
27			0.10				0.10
28			0.07				0.07
29			0.08				0.08
30			0.07				0.07
31			0.10				0.10

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: **8/10/2024**

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: Jul-24

Date / Time	Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1	0.52	522	271.4	15.6	7.66	31.6	YES	900
2	0.54	818	441.7	15.6	7.66	31.7	YES	575
3	0.47	1461	686.7	15.7	7.55	30.0	YES	310
4	0.5	695	347.5	16.0	7.83	32.7	YES	664
5	0.41	1180	483.8	16.4	7.81	31.3	YES	404
6	0.46	643	295.8	16.9	7.68	29.0	YES	691
7	0.46	537	247.0	16.9	7.68	29.0	YES	875
8	0.56	997	558.3	17.4	7.60	27.6	YES	420
9	0.49	500	245.0	17.8	7.47	25.4	YES	854 Demand
10	0.45	340	153.0	18.2	7.63	26.1	YES	1340
11	0.42	1192	500.6	17.9	7.58	26.0	YES	352
12	0.42	556	233.5	18.0	7.63	26.4	YES	872
13	0.49	611	299.4	18.2	7.69	26.8	YES	769
14	0.54	616	332.6	18.1	7.74	27.6	YES	777
15	0.54	633	341.8	18.2	7.71	27.2	YES	756
16	0.53	636	337.1	17.8	7.53	26.1	YES	739
17	0.54	696	375.8	18.1	7.61	26.3	YES	675
18	0.59	565	333.4	17.8	7.78	28.8	YES	850
19	0.59	532	313.9	18.0	7.58	26.4	YES	900
20	0.56	510	285.6	18.3	7.61	26.1	YES	925 Demand
21	0.58	522	302.8	18.4	7.73	27.1	YES	900
22	0.57	587	334.6	18.5	7.67	26.3	YES	800
23	0.59	524	309.2	18.3	7.32	23.5	YES	900
24	0.55	720	396.0	18.4	7.63	26.0	YES	700
25	0.59	768	453.1	17.6	7.58	27.1	YES	612
26	0.57	907	517.0	17.7	7.65	27.6	YES	518
27	0.57	534	304.4	17.6	7.67	28.0	YES	960
28	0.63	750	472.5	17.7	7.45	25.8	YES	648
29	0.58	1044	605.5	17.8	7.93	30.4	YES	460
30	0.58	1060	614.8	17.8	7.61	27.0	YES	453
31	0.5	932	466.0	17.8	7.58	26.5	YES	531

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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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

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