

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

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

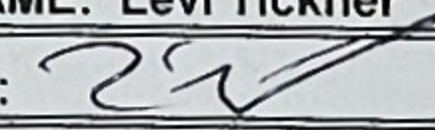
System Name: **City of Joseph** ID#: **41 00414** WTP: **TP -**

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			0.10				0.10
2			0.08				0.08
3			0.10				0.10
4			0.16				0.16
5			0.16				0.16
6			0.11				0.11
7			0.13				0.13
8			0.10				0.10
9			0.08				0.08
10			0.09				0.09
11			0.07				0.07
12			0.08				0.08
13			0.08				0.08
14			0.15				0.15
15			0.09				0.09
16			0.09				0.09
17			0.07				0.07
18			0.08				0.08
19			0.09				0.09
20			0.09				0.09
21			0.08				0.08
22			0.10				0.10
23			0.10				0.10
24			0.12				0.12
25			0.09				0.09
26			0.11				0.11
27			0.09				0.09
28			0.10				0.10
29			0.07				0.07
30			0.14				0.14
31			0.09				0.09

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

Notes:

PRINTED NAME: **Levi Tickner**

SIGNATURE: 

PHONE #: (541) 760-9362

DATE: **9/10/2024**

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: Aug-24

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	0.52	748	389.0	18.4	7.39	23.7	YES	594
2	0.58	665	385.7	18.6	7.53	24.8	YES	720
3	0.53	795	421.4	18.7	7.57	24.9	YES	600
4	0.52	1000	520.0	18.7	7.69	26.0	YES	480
5	0.5	668	334.0	18.7	7.91	28.2	YES	716
6	0.57	674	384.2	18.8	7.80	27.1	YES	705
7	0.49	523	256.3	19.0	7.52	23.8	YES	882
8	0.53	684	362.5	19.2	7.66	24.9	YES	700
9	0.54	598	322.9	19.1	7.64	24.9	YES	800
10	0.49	684	335.2	19.3	7.72	25.2	YES	700
11	0.57	684	389.9	19.2	7.42	22.9	YES	700
12	0.61	613	373.9	19.4	7.73	25.5	YES	800
13	0.56	749	419.4	19.4	7.71	25.1	YES	650
14	0.56	696	389.8	19.2	7.72	25.6	YES	675
15	0.63	1088	685.4	19.2	7.44	23.2	YES	424
16	0.61	1231	750.9	18.9	7.72	26.2	YES	411
17	0.54	1143	617.2	19.1	7.59	24.5	YES	441
18	0.52	840	436.8	19.5	7.48	22.8	YES	590
19	0.54	825	445.5	20.1	7.68	23.6	YES	580
20	0.62	769	476.8	20.0	7.63	23.6	YES	600
21	0.62	870	539.4	19.4	7.56	23.9	YES	550
22	0.57	812	462.8	20.0	7.67	23.8	YES	600
23	0.58	839	486.6	19.9	7.66	23.9	YES	550
24	0.53	991	525.2	19.5	7.64	24.2	YES	500
25	0.54	840	453.6	18.8	7.73	26.3	YES	590
26	0.54	826	446.0	19.1	7.59	24.5	YES	600
27	0.6	736	441.6	18.5	7.57	25.4	YES	650
28	0.58	951	551.6	18.1	7.79	28.3	YES	503
29	0.56	1615	904.4	18.2	7.49	25.1	YES	307
30	0.53	900	477.0	18.3	7.57	25.6	YES	560
31	0.54	900	486.0	18.6	7.48	24.3	YES	532

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