

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

County: **Wallowa**
 Month/Year: **Nov-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			0.08				0.08
2			0.10				0.10
3			0.09				0.09
4			0.10				0.10
5			0.07				0.07
6			0.07				0.07
7			0.11				0.11
8			0.08				0.08
9			0.09				0.09
10			0.09				0.09
11			0.10				0.10
12			0.09				0.09
13			0.08				0.08
14			0.07				0.07
15							Well on
16							"
17							"
18							"
19							"
20			0.09				0.09
21			0.10				0.10
22			0.11				0.11
23			0.09				0.09
24			0.12				0.12
25			0.09				0.09
26			0.10				0.10
27			0.17				0.17
28			0.09				0.09
29			0.09				0.09
30			0.08				0.08
31							

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: *[Signature]* DATE: **12/9/2024**

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

System Name: City of Joseph ID#: 41 00414 Month/Year: Nov-24 Inactiv: 1.0

Date / Time	Minimum 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	0.62	3926	2434.1	12.6	7.89	42.5	YES	135
2	0.77	3688	2839.8	12.6	7.53	37.9	YES	144
3	0.68	3030	2060.4	12.3	7.53	38.5	YES	175
4	0.62	3568	2212.2	12.1	7.49	38.2	YES	145
5	0.74	3355	2482.7	11.7	7.55	40.6	YES	158
6	0.66	3231	2132.5	11.4	7.55	41.1	YES	164
7	0.68	3320	2257.6	11.2	7.56	41.8	YES	160
8	0.72	3541	2549.5	11.0	7.62	43.5	YES	150
9	0.64	4417	2826.9	11.0	7.56	42.2	YES	120
10	0.59	4011	2366.5	10.9	7.56	42.2	YES	130
11	0.53	4077	2160.8	10.8	7.75	45.1	YES	130
12	0.47	5051	2374.0	10.8	7.63	43.0	YES	105
13	0.41	4417	1811.0	10.7	7.53	41.5	YES	120
14	0.39	3990	1556.1	11.7	7.60	39.7	YES	120
15								
16								
17								
18								
19								
20	0.45	2479	1115.6	10.7	7.70	44.2	YES	200
21	0.38	2475	940.5	7.2	7.56	52.7	YES	190
22	0.5	2700	1350.0	9.4	7.85	51.2	YES	190
23	0.51	2778	1416.8	8.9	7.64	49.2	YES	180
24	0.59	210	123.9	9.0	7.67	49.8	YES	210
25	0.59	3009	1775.3	9.3	7.66	48.6	YES	175
26	0.57	3522	2007.5	9.1	7.60	48.1	YES	150
27	0.59	3522	2078.0	9.3	7.64	48.3	YES	150
28	0.56	3715	2080.4	9.0	8.28	61.8	YES	142
29	0.61	3564	2174.0	8.7	7.57	49.1	YES	148
30	0.59	3312	1954.1	8.5	7.49	48.3	YES	159
31								

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