

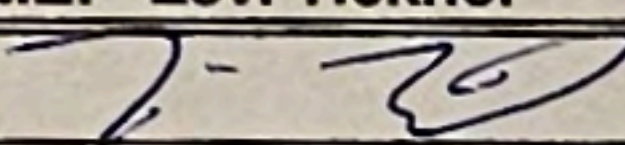
OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Wallowa**
 Month/Year: **Dec-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			0.11				0.11
2			0.09				0.09
3			0.10				0.10
4			0.07				0.07
5			0.09				0.09
6			0.09				0.09
7			0.09				0.09
8			0.07				0.07
9			0.08				0.08
10			0.08				0.08
11			0.09				0.09
12			0.08				0.08
13			0.09				0.09
14			0.09				0.09
15			0.08				0.08
16			0.08				0.08
17			0.11				0.11
18			0.08				0.08
19			0.22				0.22
20			0.19				0.19
21			0.24				0.24
22			0.29				0.29
23			0.33				0.33
24			0.10				0.10
25			0.10				0.10
26			0.12				0.12
27			0.09				0.09
28			0.10				0.10
29			0.12				0.12
30			0.12				0.12
31			0.13				0.13

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

Notes:	PRINTED NAME: Levi Tickner	
	SIGNATURE: 	DATE: 1/10/2025
	PHONE #: (541)760-9362	CERT #: T008780

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: Dec-24

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	0.58	3573	2072.3	8.3	7.56	50.1	YES	145
2	0.58	3489	2023.6	8.3	7.57	50.3	YES	147
3	0.56	1931	1081.4	8.0	7.55	50.8	YES	270
4	0.59	2650	1563.5	8.9	7.54	47.9	YES	200
5	0.56	4240	2374.4	8.6	7.68	51.2	YES	125
6	0.61	4035	2461.4	8.1	7.47	49.4	YES	125
7	0.58	5215	3024.7	7.9	7.46	49.7	YES	100
8	0.59	3762	2219.6	8.0	7.59	51.7	YES	140
9	0.61	3901	2379.6	7.7	7.56	52.4	YES	135
10	0.61	4051	2471.1	7.3	7.57	54.0	YES	130
11	0.52	3985	2072.2	7.3	7.69	55.8	YES	133
12	0.55	3664	2015.2	8.4	7.49	48.4	YES	140
13	0.62	3534	2191.1	7.6	7.87	59.0	YES	150
14	0.64	3762	2407.7	7.5	7.67	55.4	YES	140
15	0.63	3420	2154.6	7.4	7.52	52.8	YES	150
16	0.54	5079	2742.7	7.3	8.12	65.3	YES	101
17	0.55	3206	1763.3	7.4	8.36	70.9	YES	160
18	0.58	3514	2038.1	7.7	7.57	52.4	YES	150
19	0.6	2850	1710.0	6.8	7.50	54.4	YES	180
20	0.65	3053	1984.5	6.8	7.46	53.9	YES	175
21	0.63	3543	2232.1	7.0	7.52	54.2	YES	150
22	0.58	4085	2369.3	6.7	7.79	60.6	YES	130
23	0.65	3534	2297.1	6.9	7.41	52.6	YES	150
24	0.66	4424	2919.8	6.7	7.60	57.1	YES	120
25	0.59	4250	2507.5	6.6	7.56	56.3	YES	125
26	0.59	3661	2160.0	6.7	7.60	56.7	YES	145
27	0.58	3537	2051.5	6.8	7.57	55.6	YES	150
28	0.61	3534	2155.7	6.9	7.61	56.3	YES	150
29	0.59	3898	2299.8	6.5	7.65	58.5	YES	125
30	0.61	4061	2477.2	9.1	7.60	48.4	YES	120
31	0.6	3249	1949.4	7.9	7.85	57.3	YES	150

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