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

County: Wallowa
Month/Year: Mar-25

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			0.14				0.14
2			0.11				0.11
3			0.14				0.14
4			0.09				0.09
5			0.12				0.12
6			0.18				0.18
7			0.14				0.14
8			0.10				0.10
9			0.13				0.13
10			0.15				0.15
11			0.15				0.15
12			0.07				0.07
13			0.10				0.10
14			0.10				0.10
15			0.11				0.11
16			0.13				0.13
17			0.11				0.11
18			0.14				0.14
19			0.09				0.09
20			0.15				0.15
21			0.18				0.18
22			0.18				0.18
23			0.14				0.14
24			0.10				0.10
25			0.12				0.12
26			0.13				0.13
27			0.16				0.16
28			0.09				0.09
29			0.13				0.13
30			0.10				0.10
31			0.08				0.08

Slow Sand/Membrane/DE Filtration/Unfiltered	
95% of daily turbidity readings ≤ 1 NTU? [2]	Yes
All daily turbidity readings ≤ 5 NTU?	Yes

Monthly Summary (Answer Yes or No)	
CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
Yes	Yes

Notes:

Levi Tickner
SIGNATURE: [signature] DATE: 4/3/2025
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- :**

System Name: City of Joseph **ID#:** 41 00414 **Month/Year:** Mar-25 | **Disinfection *Giardia* Log 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	0.69	545	376.1	6.7	7.85	62.8	YES	972
2	0.68	527	358.4	6.8	7.47	54.3	YES	972
3	0.67	545	365.2	6.8	7.78	60.6	YES	972
4	0.7	545	381.5	6.9	7.74	59.6	YES	972
5	0.69	545	376.1	6.4	7.71	60.9	YES	972
6	0.67	545	365.2	6.2	7.83	64.3	YES	972
7	0.65	545	354.3	6.4	7.81	62.8	YES	972
8	0.71	545	387.0	6.7	7.80	61.8	YES	972
9	0.7	545	381.5	6.8	7.78	60.9	YES	972
10	0.66	545	359.7	7.1	7.68	57.2	YES	972
11	0.64	545	348.8	7.6	7.66	54.8	YES	972
12	0.58	545	316.1	7.0	7.70	57.5	YES	972
13	0.55	545	299.8	6.9	7.67	57.1	YES	972
14	0.4	545	218.0	6.8	7.58	54.7	YES	972
15	0.43	545	234.4	6.6	8.46	76.6	YES	972
16	0.44	545	239.8	6.8	7.78	59.0	YES	972
17	0.37	545	201.7	6.7	7.78	59.0	YES	972
18	0.34	545	185.3	6.7	7.83	59.8	YES	972
19	0.33	545	179.9	6.7	7.93	62.0	YES	972
20	0.42	545	228.9	6.4	8.26	72.1	YES	972
21	0.53	520	275.6	8.3	7.76	53.5	YES	972
22	0.47	545	256.2	7.2	7.77	57.5	YES	972
23	0.43	545	234.4	7.5	7.70	54.7	YES	972
24	0.46	527	242.4	7.7	7.58	51.8	YES	972
25	0.45	545	245.3	7.4	7.68	54.8	YES	972
26	0.44	545	239.8	7.9	7.71	53.5	YES	972
27	0.47	527	247.7	8.3	7.70	52.0	YES	972
28	0.48	527	253.0	8.2	7.49	48.7	YES	972
29	0.5	527	263.5	8.1	7.52	49.6	YES	972
30	0.55	527	289.9	8.1	7.69	53.0	YES	972
31	0.57	527	300.4	8.0	7.59	51.6	YES	972

[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