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

County:	Wallowa
Month/Year:	Apr-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			0.16				0.16
2			0.10				0.10
3			0.19				0.19
4			0.07				0.07
5			0.10				0.10
6			0.06				0.06
7			0.07				0.07
8			0.06				0.06
9			0.08				0.08
10			0.10				0.10
11			0.14				0.14
12			0.10				0.10
13			0.09				0.09
14			0.10				0.10
15			0.06				0.06
16			0.05				0.05
17			0.10				0.10
18			0.18				0.18
19			0.10				0.10
20			0.07				0.07
21			0.08				0.08
22			0.08				0.08
23			0.11				0.11
24			0.14				0.14
25			0.16				0.16
26			0.19				0.19
27			0.16				0.16
28			0.19				0.19
29			0.09				0.09
30			0.19				0.19
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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes	Yes	Yes

Notes:

PRINTED NAME: Levi Tickner

SIGNATURE: [signature] **DATE:** 5/10/2025

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:** Apr-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	0.57	514	293.0	8.0	7.68	53.3	YES	972
2	0.82	514	421.5	9.5	8.37	63.6	YES	972
3	0.58	514	298.1	7.7	7.65	53.9	YES	972
4	0.56	514	287.8	10.0	7.24	39.9	YES	972
5	0.44	514	226.2	10.5	7.65	44.0	YES	972
6	0.41	514	210.7	10.3	7.27	38.9	YES	972
7	0.4	514	205.6	10.9	7.24	37.0	YES	972
8	0.39	514	200.5	9.2	7.30	42.2	YES	972
9	0.46	514	236.4	9.1	7.28	42.5	YES	972
10	0.71	514	364.9	10.9	7.60	43.4	YES	972
11	0.4	514	205.6	9.9	7.61	44.9	YES	972
12	0.7	514	359.8	11.3	7.59	42.1	YES	972
13	0.61	514	313.5	10.8	7.64	43.8	YES	972
14	0.61	514	313.5	10.7	7.55	42.7	YES	972
15	0.52	514	267.3	10.6	7.27	38.6	YES	972
16	0.69	514	354.7	9.3	7.32	43.6	YES	972
17	0.61	514	313.5	11.0	7.51	41.3	YES	972
18	0.67	514	344.4	11.1	7.59	42.5	YES	972
19	0.63	514	323.8	11.1	7.67	43.5	YES	972
20	0.75	514	385.5	11.1	7.65	43.8	YES	972
21	0.68	514	349.5	11.5	7.37	38.4	YES	972
22	0.67	514	344.4	11.3	7.56	41.5	YES	972
23	0.46	514	236.4	11.2	7.62	41.7	YES	972
24	0.67	514	344.4	11.1	7.25	37.8	YES	972
25	0.53	514	272.4	11.8	7.52	39.0	YES	972
26	0.54	514	277.6	11.2	7.64	42.4	YES	972
27	0.57	514	293.0	11.1	7.79	45.1	YES	972
28	0.56	514	287.8	12.1	7.81	42.5	YES	972
29	0.49	514	251.9	11.9	7.61	39.8	YES	972
30	0.35	514	179.9	11.9	7.77	41.4	YES	972
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