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

County: Wallowa
Month/Year: Jul-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			0.05				0.05
2			0.03				0.03
3			0.04				0.04
4			0.09				0.09
5			0.12				0.12
6			0.11				0.11
7			0.10				0.10
8			0.14				0.14
9			0.09				0.09
10			0.04				0.04
11			0.08				0.08
12			0.10				0.10
13			0.08				0.08
14			0.03				0.03
15			0.04				0.04
16			0.03				0.03
17			0.04				0.04
18			0.15				0.15
19			0.10				0.10
20			0.10				0.10
21			0.03				0.03
22			0.13				0.13
23			0.09				0.09
24			0.09				0.09
25			0.10				0.10
26			0.13				0.13
27			0.08				0.08
28			0.10				0.10
29			0.14				0.14
30			0.19				0.19
31			0.10				0.10

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:** 8/10/25

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: Jul-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	0.54	483	260.8	15.3	7.46	30.0	YES	972
2	0.48	510	244.8	15.2	7.45	29.9	YES	972
3	0.56	483	270.5	15.4	7.46	29.9	YES	972
4	0.39	522	203.6	15.9	8.37	39.7	YES	972
5	0.45	515	231.8	15.4	7.75	32.9	YES	972
6	0.42	490	205.8	15.6	7.75	32.3	YES	972
7	0.43	492	211.6	15.0	7.68	32.8	YES	972
8	0.5	475	237.5	16.3	7.69	30.5	YES	972
9	0.51	483	246.3	16.4	7.80	31.6	YES	972
10	0.52	483	251.2	15.9	7.44	28.6	YES	972
11	0.56	487	272.7	16.4	7.29	26.3	YES	972
12	0.5	506	253.0	16.8	7.66	29.1	YES	972
13	0.52	483	251.2	16.8	7.99	33.0	YES	972
14	0.55	483	265.7	16.4	7.43	27.6	YES	972
15	0.56	483	270.5	16.5	7.43	27.5	YES	972
16	0.55	483	265.7	16.5	7.43	27.5	YES	972
17	0.51	475	242.3	16.6	7.42	27.0	YES	972
18	0.53	475	251.8	17.2	7.80	30.0	YES	972
19	0.52	506	263.1	17.1	7.73	29.4	YES	972
20	0.55	510	280.5	17.2	7.74	29.4	YES	972
21	0.58	518	300.4	16.5	7.42	27.4	YES	972
22	0.55	529	291.0	16.6	7.88	32.2	YES	972
23	0.54	517	279.2	17.0	7.69	29.2	YES	972
24	0.49	510	249.9	17.5	7.57	26.9	YES	972
25	0.47	506	237.8	17.5	7.67	27.8	YES	972
26	0.43	504	216.7	18.2	7.64	26.1	YES	972
27	0.45	501	225.5	18.2	7.84	28.2	YES	972
28	0.43	527	226.6	18.1	7.91	29.1	YES	972
29	0.45	527	237.2	17.9	7.48	25.2	YES	972
30	0.45	510	229.5	18.1	7.29	23.1	YES	972
31	0.52	509	264.7	18.2	7.83	28.3	YES	972

[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