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

County: Wallowa
Month/Year: Aug-25

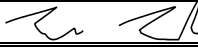
System Name: City of Joseph **ID#: 41 00414** **WTP : TP -**

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			0.03				0.03
2			0.03				0.03
3			0.03				0.03
4			0.02				0.02
5			0.04				0.04
6			0.03				0.03
7			0.09				0.09
8			0.08				0.08
9			0.11				0.11
10			0.09				0.09
11			0.04				0.04
12			0.05				0.05
13			0.03				0.03
14			0.10				0.10
15			0.16				0.16
16			0.12				0.12
17			0.16				0.16
18			0.12				0.12
19			0.11				0.11
20			0.17				0.17
21			0.09				0.09
22			0.15				0.15
23			0.14				0.14
24			0.21				0.21
25			0.10				0.10
26			0.12				0.12
27			0.14				0.14
28			0.03				0.03
29			0.04				0.04
30			0.03				0.03
31			0.04				0.04

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:  **DATE: 9/9/2025**

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:**

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	0.47	518	243.5	17.7	7.41	24.9	YES	972
2	0.43	523	224.9	17.3	7.41	25.5	YES	972
3	0.48	527	253.0	17.5	7.41	25.3	YES	972
4	0.48	523	251.0	17.6	7.41	25.1	YES	972
5	0.48	527	253.0	17.2	7.40	25.7	YES	972
6	0.5	520	260.0	17.3	7.40	25.6	YES	972
7	0.7	524	366.8	18.5	8.06	30.9	YES	972
8	0.44	527	231.9	18.0	7.20	22.5	YES	972
9	0.67	522	349.7	17.8	7.25	23.9	YES	972
10	0.56	522	292.3	18.2	8.36	34.6	YES	972
11	0.54	514	277.6	18.1	7.38	24.2	YES	972
12	0.54	483	260.8	18.3	7.37	23.8	YES	972
13	0.58	505	292.9	18.5	7.38	23.6	YES	972
14	0.55	510	280.5	19.1	7.70	25.5	YES	972
15	0.69	479	330.5	18.6	7.60	25.8	YES	972
16	0.55	483	265.7	19.0	7.58	24.6	YES	972
17	0.56	534	299.0	18.7	7.70	26.2	YES	972
18	0.56	495	277.2	18.9	7.58	24.7	YES	972
19	0.58	494	286.5	18.9	7.59	24.9	YES	972
20	0.57	483	275.3	19.1	7.58	24.4	YES	972
21	0.53	492	260.8	19.1	7.69	25.4	YES	972
22	0.44	457	201.1	19.1	7.66	24.8	YES	972
23	0.43	485	208.6	19.4	7.62	23.9	YES	972
24	0.51	466	237.7	19.4	7.68	24.7	YES	972
25	0.54	511	275.9	19.8	7.65	23.9	YES	972
26	0.52	475	247.0	19.6	7.56	23.3	YES	972
27	0.44	483	212.5	19.5	7.26	20.8	YES	972
28	0.5	523	261.5	18.8	7.40	23.1	YES	972
29	0.49	527	258.2	18.8	7.39	23.0	YES	972
30	0.48	518	248.6	19.0	7.38	22.6	YES	972
31	0.51	518	264.2	19.1	7.38	22.5	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