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

County: Wallowa
Month/Year: September

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			0.03				0.03
5			0.08				0.08
6			0.10				0.10
7			0.13				0.13
8			0.03				0.03
9			0.03				0.03
10			0.03				0.03
11			0.08				0.08
12			0.08				0.08
13			0.10				0.10
14			0.12				0.12
15			0.15				0.15
16			0.16				0.16
17			0.16				0.16
18			0.14				0.14
19			0.11				0.11
20			0.12				0.12
21			0.12				0.12
22			0.12				0.12
23			0.13				0.13
24			0.11				0.11
25			0.17				0.17
26			0.12				0.12
27			0.16				0.16
28			0.11				0.11
29			0.13				0.13
30			0.11				0.11
31							

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:

PRINTED NAME: Levi Tickner

SIGNATURE: [signature] **DATE: 10/1/2025**

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: Sep-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	0.5	517	258.5	19.3	7.38	22.2	YES	972
2	0.51	510	260.1	19.4	7.39	22.2	YES	972
3	0.51	498	254.0	19.4	7.40	22.2	YES	972
4	0.56	483	270.5	19.3	7.40	22.5	YES	972
5	0.57	501	285.6	19.7	7.35	21.5	YES	972
6	0.54	488	263.5	19.9	7.60	23.3	YES	972
7	0.52	547	284.4	19.3	8.24	30.7	YES	972
8	0.51	527	268.8	18.4	7.37	23.5	YES	972
9	0.52	534	277.7	18.4	7.37	23.6	YES	972
10	0.52	527	274.0	18.4	7.38	23.6	YES	972
11	0.56	527	295.1	18.7	7.84	27.6	YES	972
12	0.57	531	302.7	18.8	7.64	25.5	YES	972
13	0.51	535	272.9	18.8	7.63	25.2	YES	972
14	0.54	529	285.7	18.8	7.62	25.2	YES	972
15	0.57	531	302.7	18.4	7.77	27.5	YES	972
16	0.58	527	305.7	18.2	7.82	28.4	YES	972
17	0.57	527	300.4	18.2	7.65	26.7	YES	972
18	0.52	537	279.2	18.0	7.32	23.7	YES	972
19	0.51	532	271.3	18.3	7.47	24.6	YES	972
20	0.56	536	300.2	18.6	7.70	26.4	YES	972
21	0.51	536	273.4	18.5	7.70	26.4	YES	972
22	0.54	536	289.4	18.2	7.71	27.2	YES	972
23	0.46	540	248.4	17.7	7.44	25.2	YES	972
24	0.45	536	241.2	17.9	7.64	26.7	YES	972
25	0.57	527	300.4	17.9	7.42	25.0	YES	972
26	0.57	527	300.4	17.6	7.66	27.8	YES	972
27	0.58	527	305.7	17.5	7.61	27.6	YES	972
28	0.58	531	308.0	17.7	7.69	28.0	YES	972
29	0.57	533	303.8	17.5	7.53	26.7	YES	972
30	0.55	536	294.8	17.8	7.74	28.2	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