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

County: Wallowa
Month/Year: Oct-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			0.12				0.12
2			0.15				0.15
3			0.10				0.10
4			0.10				0.10
5			0.10				0.10
6			0.10				0.10
7			0.13				0.13
8			0.10				0.10
9			0.12				0.12
10			0.16				0.16
11			0.11				0.11
12			0.14				0.14
13			0.15				0.15
14			0.11				0.11
15			0.13				0.13
16			0.15				0.15
17			0.19				0.19
18			0.17				0.17
19			0.12				0.12
20			0.14				0.14
21			0.13				0.13
22			0.13				0.13
23			0.04				0.04
24			0.04				0.04
25			0.05				0.05
26			0.04				0.04
27			0.04				0.04
28			0.03				0.03
29			0.13				0.13
30			0.12				0.12
31			0.11				0.11

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: 11/10/2025**

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.

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WTP- :

System Name: **City of Joseph** **ID#: 41 00414** **Month/Year: Oct-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	0.58	541	313.8	17.7	7.67	27.8	YES	972
2	0.62	531	329.2	18.2	7.22	22.8	YES	972
3	0.55	543	298.7	18.1	7.62	26.5	YES	972
4	0.56	527	295.1	18.1	7.63	26.6	YES	972
5	0.54	544	293.8	17.4	7.57	27.2	YES	972
6	0.64	544	348.2	17.5	7.61	27.7	YES	972
7	0.62	544	337.3	17.2	7.12	23.5	YES	972
8	0.58	545	316.1	17.1	7.56	27.8	YES	972
9	0.54	536	289.4	17.0	7.64	28.7	YES	972
10	0.61	533	325.1	17.2	7.60	28.1	YES	972
11	0.58	531	308.0	16.9	7.91	32.1	YES	972
12	0.61	545	332.5	16.6	7.44	27.6	YES	972
13	0.74	510	377.4	16.7	7.69	30.5	YES	972
14	0.73	527	384.7	16.8	7.54	28.6	YES	972
15	0.67	527	353.1	15.5	7.57	31.3	YES	972
16	0.59	527	310.9	15.2	7.73	33.6	YES	972
17	0.61	530	323.3	15.6	7.28	27.8	YES	972
18	0.66	508	335.3	16.3	7.48	28.7	YES	972
19	0.79	513	405.3	16.1	7.37	28.3	YES	972
20	0.71	526	373.5	15.3	7.54	31.6	YES	972
21	0.67	545	365.2	14.7	7.65	34.1	YES	972
22	0.72	527	379.4	14.4	7.60	34.3	YES	972
23	0.64	518	331.5	14.4	7.37	31.2	YES	972
24	0.6	483	289.8	14.4	7.49	32.5	YES	972
25	0.58	483	280.1	14.5	7.55	32.9	YES	972
26	0.62	483	299.5	14.3	7.39	31.6	YES	972
27	0.57	518	295.3	12.8	7.79	40.2	YES	972
28	0.57	518	295.3	12.7	7.59	37.6	YES	972
29	0.82	513	420.7	13.1	7.78	40.4	YES	972
30	0.62	510	316.2	12.9	7.71	39.0	YES	972
31	0.69	518	357.4	12.4	8.56	55.1	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