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

County: Wallowa
Month/Year: Nov-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			0.10				0.10
2			0.12				0.12
3			0.10				0.10
4			0.12				0.12
5			0.19				0.19
6			0.09				0.09
7			0.14				0.14
8			0.10				0.10
9			0.13				0.13
10			0.10				0.10
11			0.13				0.13
12			0.11				0.11
13			0.03				0.03
14			0.09				0.09
15			0.19				0.19
16			0.15				0.15
17			0.13				0.13
18			0.11				0.11
19			0.12				0.12
20			0.10				0.10
21			0.11				0.11
22			0.12				0.12
23			0.09				0.09
24			0.11				0.11
25			0.11				0.11
26			0.13				0.13
27			0.03				0.03
28			0.03				0.03
29			0.03				0.03
30			0.03				0.03
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:  **DATE: 12/10/2025**

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: Nov-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	0.65	520	338.0	12.5	8.32	50.3	YES	972
2	0.71	520	369.2	13.1	7.56	36.8	YES	972
3	0.72	519	373.7	12.2	7.48	38.3	YES	972
4	0.66	519	342.5	12.0	7.82	43.4	YES	972
5	0.62	519	321.8	12.4	7.68	40.1	YES	972
6	0.67	536	359.1	12.0	7.61	40.4	YES	972
7	0.62	539	334.2	11.7	7.84	44.4	YES	972
8	0.6	527	316.2	11.6	7.87	45.0	YES	972
9	0.61	526	320.9	11.3	7.74	43.9	YES	972
10	0.62	510	316.2	11.0	7.79	45.6	YES	972
11	0.67	536	359.1	11.9	7.90	45.0	YES	972
12	0.63	536	337.7	11.2	7.72	44.0	YES	972
13	0.55	519	285.5	11.0	7.43	39.9	YES	972
14	0.65	524	340.6	11.2	7.73	44.3	YES	972
15	0.6	525	315.0	11.3	7.70	43.3	YES	972
16	0.57	545	310.7	11.1	7.80	45.3	YES	972
17	0.62	545	337.9	11.1	7.66	43.3	YES	972
18	0.62	545	337.9	10.6	8.23	54.8	YES	972
19	0.58	527	305.7	10.7	8.62	62.4	YES	972
20	0.53	527	279.3	10.6	8.21	53.9	YES	972
21	0.5	527	263.5	10.5	7.72	45.4	YES	972
22	0.49	527	258.2	10.2	7.75	46.8	YES	972
23	0.52	527	274.0	10.1	7.51	43.4	YES	972
24	0.5	527	263.5	10.0	7.66	46.0	YES	972
25	0.53	527	279.3	9.8	8.23	57.3	YES	972
26	0.57	527	300.4	9.6	7.73	48.8	YES	972
27	0.54	540	291.6	8.8	7.58	48.6	YES	972
28	0.56	540	302.4	8.7	7.59	49.2	YES	972
29	0.51	541	275.9	8.4	7.60	50.1	YES	972
30	0.39	541	211.0	8.2	7.60	50.1	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