

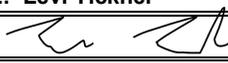
OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Wallowa**
 Month/Year: **Jan-26**

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			0.10				0.10
3			0.19				0.16
4			0.13				0.13
5			0.02				0.02
6			0.03				0.03
7			0.03				0.03
8			0.03				0.03
9			0.19				0.19
10			0.11				0.11
11			0.11				0.11
12			0.11				0.11
13			0.03				0.03
14			0.03				0.03
15			0.03				0.03
16			0.03				0.03
17			0.03				0.03
18			0.03				0.03
19			0.03				0.03
20			0.03				0.03
21			0.03				0.03
22			0.13				0.13
23			0.12				0.12
24			0.20				0.20
25			0.11				0.11
26			0.03				0.03
27			0.03				0.03
28			0.01				0.01
29			0.02				0.02
30			0.19				0.19
31			0.20				0.20

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: 	2/10/2026
	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	0.55	540	297.0	5.5	7.84	66.8	YES	972
2	0.51	539	274.9	6.0	7.67	60.4	YES	972
3	0.52	540	280.8	5.6	7.90	67.5	YES	972
4	0.53	536	284.1	6.0	7.61	59.2	YES	972
5	0.56	536	300.2	4.1	7.47	64.3	YES	972
6	0.56	536	300.2	4.1	7.48	64.5	YES	972
7	0.55	536	294.8	4.0	7.47	64.7	YES	972
8	0.6	537	322.2	3.9	7.47	65.5	YES	972
9	0.44	538	236.7	5.6	8.63	87.5	YES	972
10	0.55	538	295.9	5.6	8.52	85.1	YES	972
11	0.43	538	231.3	5.7	7.71	62.0	YES	972
12	0.47	536	251.9	5.4	8.54	86.1	YES	972
13	0.49	510	249.9	3.6	7.48	66.2	YES	972
14	0.48	501	240.5	3.6	7.48	66.1	YES	972
15	0.59	527	310.9	4.4	7.62	66.8	YES	972
16	0.54	534	288.4	3.6	7.49	66.9	YES	972
17	0.52	534	277.7	3.6	7.49	66.7	YES	972
18	0.51	534	272.3	3.6	7.46	65.9	YES	972
19	0.6	534	320.4	3.5	7.49	67.8	YES	972
20	0.61	534	325.7	5.3	7.59	62.2	YES	972
21	0.58	534	309.7	5.2	7.60	62.7	YES	972
22	0.62	534	331.1	5.1	7.23	55.5	YES	972
23	0.67	538	360.5	4.9	7.38	59.7	YES	972
24	0.61	540	329.4	4.7	7.50	62.8	YES	972
25	0.62	540	334.8	4.6	7.44	61.9	YES	972
26	0.65	514	334.1	2.8	7.49	71.5	YES	972
27	0.59	540	318.6	2.7	7.49	71.5	YES	972
28	0.6	540	324.0	2.7	7.49	71.6	YES	972
29	0.66	540	356.4	2.8	7.49	71.6	YES	972
30	0.57	536	305.5	4.9	7.76	67.7	YES	972
31	0.63	527	332.0	5.0	7.53	62.3	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