

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

County: **Wallowa**  
 Month/Year: **Feb-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 <sup>1</sup> [NTU]
1			0.18				0.18
2			0.03				0.03
3			0.03				0.03
4			0.03				0.03
5			0.03				0.03
6			0.12				0.12
7			0.11				0.11
8			0.14				0.14
9			0.13				0.13
10			0.03				0.03
11			0.03				0.03
12			0.03				0.03
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			0.12				0.12
21			0.12				0.12
22			0.11				0.11
23							Plant Off
24							" "
25							" "
26							" "
27							" "
28							" "
29							
30							
31							

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	<b>Yes</b>	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
<b>Notes:</b>	<b>PRINTED NAME: Levi Tickner</b>		
	<b>SIGNATURE: <i>z tickner</i></b>		<b>DATE: 3/10/2026</b>
	<b>PHONE #: ( 541 )760-9362</b>		<b>CERT #:T-008780</b>

<sup>1</sup> 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. <sup>2</sup> Filtered systems only.

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WTP: :

<b>System Name:</b>	City of Joseph	<b>ID#:</b>	41 00414	<b>Month/Year:</b>	Feb-26	<b>Disinfection <i>Giardia</i> Log Inactiv:</b>	1.0
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1	0.57	540	307.8	5.1	8.01	73.2	YES	972
2	0.51	536	273.4	3.1	7.49	68.9	YES	972
3	0.63	536	337.7	3.2	7.49	69.4	YES	972
4	0.63	536	337.7	3.3	7.50	69.2	YES	972
5	0.61	518	316.0	5.4	7.25	54.7	YES	972
6	0.58	450	261.0	5.4	7.25	54.5	YES	972
7	0.61	492	300.1	5.6	8.24	77.3	YES	972
8	0.57	492	280.4	6.2	7.56	57.7	YES	972
9	0.57	503	286.7	5.9	8.52	83.6	YES	972
10	0.67	510	341.7	3.6	7.50	68.1	YES	972
11	0.71	510	362.1	3.6	7.50	68.4	YES	972
12	0.73	488	356.2	3.6	7.48	68.1	YES	972
13	0.69	492	339.5	3.5	7.50	68.8	YES	972
14	0.66	496	327.4	3.6	7.50	68.0	YES	972
15	0.66	505	333.3	3.6	7.51	68.3	YES	972
16	0.64	518	331.5	3.6	7.51	68.1	YES	972
17	0.6	527	316.2	3.5	7.51	68.3	YES	972
18	0.61	527	321.5	3.5	7.52	68.6	YES	972
19	0.61	523	319.0	3.4	7.52	69.1	YES	972
20	0.58	516	299.3	5.2	7.28	55.8	YES	972
21	0.63	494	311.2	5.1	7.60	63.5	YES	972
22	0.53	492	260.8	5.2	8.30	80.5	YES	972
23								
24								
25								
26								
27								
28								
29								
30								
31								

<sup>3</sup> If Cl<sub>2</sub> 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](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350