

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

County: **Wallowa**
 Month/Year: **Mar-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			0.18				0.18
2			0.03				0.03
3			0.03				0.03
4			0.04				0.04
5			0.03				0.03
6			0.17				0.17
7			0.17				0.17
8			0.15				0.15
9			0.16				0.16
10			0.04				0.04
11			0.05				0.05
12			0.05				0.05
13			0.14				0.14
14			0.04				0.04
15			0.04				0.04
16			0.04				0.04
17			0.04				0.04
18			0.04				0.04
19			0.04				0.04
20			0.14				0.14
21			0.14				0.14
22			0.15				0.15
23			0.04				0.04
24			0.04				0.04
25			0.04				0.04
26			0.04				0.04
27			0.22				0.22
28			0.26				0.26
29			0.31				0.31
30			0.13				0.13
31			0.04				0.04

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) Yes	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes
All daily turbidity readings ≤ 5 NTU? Yes		

Notes:	PRINTED NAME: Levi Tickner	
	SIGNATURE: <i>Levi Tickner</i>	DATE: 4/10/2026
	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: Mar-26	Disinfection Giardia Log	Inactiv: 1.0
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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	501	250.5	7.0	7.85	60.2	YES	972
2	0.55	501	275.6	5.1	7.81	67.9	YES	972
3	0.49	501	245.5	4.8	7.80	68.6	YES	972
4	0.56	514	287.8	5.0	7.81	68.4	YES	972
5	0.48	514	246.7	4.8	7.81	68.7	YES	972
6	0.47	514	241.6	6.4	7.61	57.3	YES	972
7	0.41	514	210.7	6.6	7.86	61.4	YES	972
8	0.4	514	205.6	6.5	7.76	59.5	YES	972
9	0.35	514	179.9	6.2	7.27	50.7	YES	972
10	0.4	514	205.6	4.4	7.65	66.0	YES	972
11	0.44	514	226.2	4.3	7.64	66.5	YES	972
12	0.4	514	205.6	4.3	7.64	66.2	YES	972
13	0.51	514	262.1	4.4	7.62	66.1	YES	972
14	0.51	514	262.1	4.5	7.60	65.2	YES	972
15	0.54	514	277.6	4.4	7.60	65.9	YES	972
16	0.5	514	257.0	6.2	7.57	57.4	YES	972
17	0.53	514	272.4	4.5	7.58	64.9	YES	972
18	0.56	514	287.8	4.6	7.57	64.4	YES	972
19	0.52	514	267.3	5.0	7.56	62.2	YES	972
20	0.66	514	339.2	7.2	7.87	60.9	YES	972
21	0.56	514	287.8	7.6	8.28	68.0	YES	972
22	0.58	514	298.1	7.5	7.60	53.6	YES	972
23	0.54	514	277.6	5.8	7.51	58.0	YES	972
24	0.55	514	282.7	5.9	7.51	57.7	YES	972
25	0.55	514	282.7	6.0	7.50	57.1	YES	972
26	0.53	514	272.4	6.1	7.50	56.5	YES	972
27	0.52	514	267.3	7.7	7.62	52.9	YES	972
28	0.51	514	262.1	7.9	7.68	53.3	YES	972
29	0.49	514	251.9	7.9	7.59	51.5	YES	972
30	0.53	514	272.4	6.0	7.49	56.7	YES	972
31	0.53	514	272.4	5.9	7.50	57.3	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