

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill

Conventional or Direct Filtration

Month/Year: Jan-21

System Name:	City of Willamina		ID#: 41	00953			WTP : TP - A
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	0.031	0.029	0.029	off	0.070	0.059	0.072
2	off	off	off	off	0.034	0.032	0.091
3	0.031	0.032	off	0.080	0.034	0.031	0.140
4	0.029	0.029	0.029	0.039	0.032	0.032	0.134
5	0.031	0.030	0.029	0.034	0.031	0.029	0.049
6	off	off	off	0.029	0.029	0.029	0.044
7	0.029	0.029	0.029	0.032	0.029	0.029	0.140
8	0.029	0.029	off	0.034	0.032	0.032	0.060
9	0.030	0.031	0.031	0.030	0.030	0.030	0.031
10	0.030	off	off	0.036	0.032	0.030	0.148
11	0.030	0.030	0.030	0.033	0.031	off	0.088
12	off	off	0.031	off	off	off	0.248
13	off	off	0.051	0.066	0.037	0.054	0.281
14	0.034	0.034	0.034	0.032	0.041	0.040	0.107
15	0.034	0.032	0.032	0.047	0.034	0.032	0.073
16	0.032	0.031	0.031	off	0.034	0.032	0.057
17	0.031	0.031	0.031	off	0.032	0.031	0.050
18	0.031	0.031	0.031	0.036	0.032	0.031	0.046
19	0.031	0.031	0.031	0.030	0.034	0.031	0.047
20	0.031	0.030	off	0.034	0.034	0.031	0.049
21	off	off	off	0.030	0.035	0.031	0.123
22	0.031	0.031	0.031	off	0.038	0.037	0.055
23	0.035	0.034	off	off	0.022	0.021	0.054
24	off	off	0.028	0.036	0.036	0.030	0.117
25	0.034	0.032	0.038	0.038	0.032	0.032	0.134
26	off	off	0.047	0.035	off	off	0.035
27	off	off	0.034	0.032	0.033	0.033	0.050
28	0.032	0.033	0.033	0.038	0.034	0.034	0.115
29	0.032	0.032	0.032	0.037	off	off	0.082
30	off	off	off	off	0.034	0.032	0.051
31	0.032	0.033	0.033	0.038	0.034	0.032	0.095

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes / No	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE <sup>2</sup> triggers	Yes / No		
<b>Notes:</b>	<b>PRINTED NAME:</b> <i>Jessie R. King</i>		
	<b>SIGNATURE:</b> <i>J. King</i>		<b>DATE:</b> <i>2/1/2021</i>
	<b>PHONE #:</b> <i>(503) 437 5003</i>		<b>CERT #:</b> <i>6997</i>

<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> IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : A

System Name:	City of Willamina	ID#: 41	00953	Month/Year:	Jan-21	Disinfection Giardia Log Inactiv:	0.5
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Date / Time	Residual at 1st User ( C )	Contact Time ( T )	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow	
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]	
1	1000	0.86	567	487.62	9.6	7.40	22.4	YES	492
2	1000	0.94	567	532.98	9.0	7.41	23.6	YES	480
3	930	0.85	567	481.95	8.3	7.40	24.4	YES	503
4	1030	0.91	567	515.97	9.5	7.41	22.8	YES	427
5	830	0.97	567	549.99	10.2	7.41	21.9	YES	430
6	930	0.97	567	549.99	9.2	7.48	24.0	YES	431
7	1000	0.96	567	544.32	9.3	7.31	22.4	YES	355
8	1400	0.96	567	544.32	9.8	7.48	23.0	YES	409
9	1100	0.98	567	555.66	9.3	7.41	23.3	YES	437
10	1030	0.85	567	481.95	9.8	7.43	22.3	YES	383
11	930	0.89	567	504.63	9.70	7.42	22.5	YES	418
12	1000	0.76	567	430.92	9.20	7.57	24.2	YES	377
13	1000	0.82	567	464.94	9.90	7.51	22.7	YES	421
14	730	0.81	567	459.27	8.90	7.54	24.5	YES	526
15	1000	0.94	567	532.98	9.60	7.55	23.9	YES	485
16	1100	0.91	567	515.97	9.70	7.37	22.2	YES	458
17	1100	0.83	567	470.61	10.10	7.49	22.3	YES	347
18	1000	1.02	567	578.34	9.80	7.36	22.2	YES	366
19	1000	1.03	567	584.01	9.20	7.48	24.1	YES	400
20	1000	0.99	567	561.33	9.10	7.37	23.3	YES	386
21	1000	0.95	567	538.65	8.60	7.32	23.5	YES	455
22	1000	0.99	567	561.33	9.60	7.30	22.0	YES	164
23	1100	0.98	567	555.66	7.90	7.46	26.0	YES	429
24	930	0.98	567	555.66	8.10	7.47	25.8	YES	397
25	1000	0.93	567	527.31	8.50	7.45	24.8	YES	468
26	930	0.91	567	515.97	8.30	7.44	24.9	YES	433
27	930	0.92	567	521.64	7.60	7.51	26.8	YES	354
28	900	0.96	567	544.32	8.20	7.44	25.2	YES	454
29	830	1.03	567	584.01	8.30	7.50	25.8	YES	506
30	1100	0.83	567	470.61	6.80	7.57	28.6	YES	389
31	900	1.07	567	606.69	9.70	7.41	22.9	YES	342

<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 September 2016

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