

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County:

Yamhill

Conventional or Direct Filtration

Month/Year:

Feb-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 ¹ [NTU]
1	0.032	0.032	0.032	0.036	0.034	0.032	0.083
2	0.032	0.032	0.031	0.031	0.034	off	0.235
3	off	off	off	0.056	0.049	0.045	0.139
4	0.045	0.043	0.043	0.033	0.030	0.054	0.123
5	off	off	0.039	0.265	0.026	0.026	0.265
6	0.025	0.025	0.025	0.025	0.025	0.025	0.056
7	0.025	off	off	0.030	0.028	0.025	0.086
8	off	off	off	0.025	0.025	0.025	0.087
9	0.025	0.025	0.025	0.030	0.027	0.025	0.075
10	0.025	0.025	0.025	0.025	0.029	0.025	0.062
11	0.025	0.025	0.025	0.034	0.027	0.025	0.039
12	0.025	0.025	0.025	off	off	off	0.053
13	off	off	off	off	off	off	n/a
14	off	off	off	0.027	0.029	0.029	0.086
15	0.029	off	off	off	0.033	0.029	0.171
16	0.023	off	0.027	0.026	0.032	0.028	0.420
17	0.028	0.026	off	0.030	0.027	0.027	0.159
18	0.026	off	0.026	0.037	0.027	0.027	0.083
19	0.027	0.025	0.025	0.033	0.029	0.028	0.085
20	0.026	0.026	0.026	0.031	off	off	0.070
21	off	off	off	0.027	0.026	0.026	0.040
22	0.026	0.026	0.027	0.025	0.031	0.029	0.057
23	0.028	0.028	0.025	0.026	0.034	0.027	0.280
24	off	off	off	0.030	off	0.025	0.266
25	0.026	0.026	off	0.030	0.060	0.027	0.253
26	0.026	off	0.027	0.055	0.031	0.028	0.063
27	0.028	0.027	0.027	0.046	0.029	off	0.051
28	off	off	off	0.035	0.027	0.027	0.073
29							
30							
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes <input type="radio"/> No		
Notes: <i>power outage due to ice storm 2/13/2021 most data not available</i>	PRINTED NAME: <i>Justin R. Kiser</i>	DATE: <i>3/2/2021</i>
	SIGNATURE: <i>J. R. Kiser</i>	CERT #: <i>6957</i>
	PHONE #: <i>503 1437 7003</i>	

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 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: Feb-21

Disinfection
Giardia Log
Inactiv:

0.5

Date / Time	Residual at 1st User (C)	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	930	1.07	567	606.69	8.0	7.51	26.6	YES	381
2	1030	1.02	567	578.34	9.0	7.44	24.1	YES	447
3	1000	0.98	567	555.66	7.3	7.44	26.9	YES	431
4	1000	0.97	567	549.99	9.0	7.37	23.4	YES	455
5	1000	0.99	567	561.33	9.3	7.34	22.7	YES	445
6	1100	0.95	567	538.65	8.4	7.47	25.2	YES	341
7	1100	0.94	567	532.98	9.1	7.42	23.6	YES	447
8	1030	0.94	567	532.98	9.2	7.45	23.7	YES	392
9	1100	0.97	567	549.99	8.0	7.40	25.3	YES	496
10	1300	0.95	567	538.65	8.1	7.48	25.8	YES	460
11	930	0.97	567	549.99	9.20	7.46	23.8	YES	498
12	1000	0.98	567	555.66	8.70	7.48	24.8	YES	419
13	1100	0.71	567	402.57	7.20	7.40	25.9	YES	
14	1200	0.93	567	527.31	7.10	7.42	26.9	YES	418
15	1200	0.85	567	481.95	7.30	7.36	25.7	YES	392
16	1300	0.90	567	510.3	6.20	7.47	29.0	YES	465
17	900	0.92	567	521.64	8.60	7.43	24.4	YES	472
18	1000	1.01	567	572.67	8.00	7.48	26.1	YES	453
19	900	0.96	567	544.32	8.00	7.41	25.3	YES	429
20	930	1.00	567	567	7.00	7.42	27.3	YES	431
21	930	0.95	567	538.65	9.20	7.46	23.8	YES	316
22	930	1.02	567	578.34	9.70	7.38	22.5	YES	471
23	1030	0.98	567	555.66	9.30	7.42	23.4	YES	364
24	1300	1.00	567	567	9.80	7.39	22.4	YES	473
25	1300	1.00	567	567	9.00	7.34	23.2	YES	413
26	1000	1.02	567	578.34	8.60	7.48	25.1	YES	459
27	1030	1.01	567	572.67	9.00	7.35	23.3	YES	301
28	930	1.01	567	572.67	8.90	7.27	22.8	YES	305
29			567	0				NO	
30			567	0				NO	
31			567	0				NO	

³ If Cl₂ 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