

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill

Conventional or Direct Filtration

Month/Year: Apr-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	off	off	off	0.036	0.027	0.029	0.096
2	0.027	0.032	0.029	0.030	0.028	0.031	0.069
3	off	off	off	0.027	0.029	0.028	0.055
4	off	off	0.030	0.028	0.030	0.028	0.051
5	0.030	off	0.032	0.028	0.033	off	0.062
6	0.034	0.030	0.045	off	0.033	0.045	0.071
7	0.034	0.050	0.038	0.068	0.034	off	0.069
8	0.047	0.034	0.061	off	0.033	off	0.187
9	off	off	off	0.021	0.028	0.020	0.056
10	0.033	0.024	off	off	0.021	off	0.056
11	off	off	off	0.023	0.025	0.022	0.090
12	0.019	0.025	off	0.021	0.019	0.021	0.131
13	off	off	0.021	0.019	0.025	0.021	0.057
14	0.019	0.025	0.021	0.019	0.026	off	0.041
15	off	off	0.021	off	off	0.020	0.054
16	0.019	0.021	0.023	0.023	0.028	0.029	0.062
17	off	0.027	0.024	0.028	0.026	0.026	0.191
18	0.021	off	off	0.028	0.026	0.026	0.191
19	0.026	0.026	off	off	0.026	0.037	0.060
20	0.023	0.024	0.030	0.024	off	off	0.052
21	0.023	0.034	0.027	0.027	off	0.023	0.050
22	0.082	0.026	0.024	off	0.024	0.024	0.060
23	off	off	0.030	0.036	0.025	0.023	0.064
24	off	0.023	0.036	0.025	off	off	0.050
25	off	0.047	off	off	0.020	0.020	0.061
26	0.019	0.020	off	off	0.020	0.019	0.242
27	off	off	0.030	0.020	0.020	0.018	0.122
28	0.018	off	off	0.018	0.018	0.026	0.045
29	0.020	0.020	off	0.020	0.037	0.031	0.067
30	off	off	0.031	0.025	0.028	0.026	0.074
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Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes / No	CT's met everyday? (see back)
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l?
All turbidity readings < IFE ² triggers	Yes / No	Yes / No

Notes:

PRINTED NAME: Justin R. Pross

SIGNATURE: [Signature] DATE: 5/5/2021

PHONE #: (503) 937 7003 CERT #: 6597

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: <i>April 2009</i>	Disinfection Giardia Log Inactiv:	0.5
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Date / Time	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	1300	0.97	567	549.99	9.5	7.52	23.8	YES	374
2	900	0.91	567	515.97	9.7	7.61	24.1	289	345
3	900	0.87	567	493.29	10.2	7.56	22.8	YES	289
4	1000	0.83	567	470.61	10.6	7.62	22.6	YES	289
5	1000	0.86	567	487.62	10.5	7.51	22.0	YES	453
6	1030	0.90	567	510.3	11.2	7.60	21.7	YES	380
7	1100	0.88	567	498.96	11.2	7.51	21.0	YES	464
8	900	0.88	567	498.96	11.4	7.54	21.0	YES	392
9	930	0.85	567	481.95	10.8	7.55	21.8	YES	392
10	1030	0.87	567	493.29	10.1	7.49	22.4	YES	345
11	1130	0.91	567	515.97	10.20	7.52	22.6	YES	425
12	930	0.89	567	504.63	9.60	7.55	23.7	YES	416
13	830	0.87	567	493.29	10.60	7.53	22.0	YES	419
14	1130	0.91	567	515.97	10.30	7.54	22.6	YES	386
15	900	0.97	567	549.99	10.40	7.58	22.9	YES	341
16	900	0.85	567	481.95	11.10	7.59	21.7	YES	373
17	730	0.92	567	521.64	11.60	7.49	20.4	YES	336
18	800	0.82	567	464.94	12.70	7.52	18.9	YES	308
19	1400	0.81	567	459.27	13.00	7.41	17.7	YES	441
20	1000	0.84	567	476.28	13.30	7.51	18.1	YES	369
21	1100	0.88	567	498.96	13.20	7.54	18.5	YES	531
22	900	0.87	567	493.29	13.60	7.44	17.3	YES	533
23	830	0.84	567	476.28	13.80	7.43	17.0	YES	392
24	1030	0.90	567	510.3	13.20	7.43	17.8	YES	522
25	1030	0.79	567	447.93	12.90	7.42	17.9	YES	483
26	1400	0.87	567	493.29	12.70	7.50	18.8	YES	520
27	1000	0.87	567	493.29	12.60	7.53	19.2	YES	450
28	1130	0.86	567	487.62	12.40	7.49	19.3	YES	499
29	1030	0.88	567	498.96	13.00	7.48	18.3	YES	506
30	930	0.91	567	515.97	13.60	7.55	18.1	YES	208
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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.dmcce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350