

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Yamhill

Month/Year: May-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	0.028	off	off	0.023	0.020	off	0.044
2	off	off	off	0.024	0.024	0.029	0.055
3	0.062	off	off	off	0.021	0.019	0.199
4	0.018	0.023	0.020	0.021	0.019	off	0.113
5	off	0.020	off	0.020	0.019	0.019	0.039
6	0.020	0.020	off	0.020	off	off	0.043
7	0.033	0.020	0.028	0.021	off	off	0.038
8	0.018	0.020	0.023	0.021	0.021	0.021	0.042
9	off	off	off	0.018	off	0.026	0.029
10	0.019	0.026	0.021	0.021	off	off	0.039
11	off	off	off	0.023	0.029	0.067	0.076
12	off	off	0.020	0.021	0.034	0.025	0.192
13	0.023	0.113	0.030	0.026	off	0.032	0.113
14	0.025	0.026	0.023	off	off	0.033	0.138
15	0.024	0.032	off	0.022	off	0.022	0.131
16	off	off	0.028	off	off	0.024	0.075
17	0.026	0.024	off	off	0.033	0.030	0.132
18	0.029	0.030	off	off	0.029	0.032	0.132
19	0.033	off	0.030	0.027	0.033	0.029	0.053
20	0.029	0.030	0.027	0.027	0.026	off	0.045
21	0.032	0.027	0.027	0.032	off	off	0.048
22	0.027	0.027	0.027	0.032	off	0.029	0.056
23	0.029	off	off	0.037	0.028	0.028	0.052
24	0.049	0.029	off	0.027	0.028	0.047	0.047
25	0.029	off	0.027	0.027	0.030	0.049	0.071
26	0.036	0.030	0.036	0.030	0.028	0.029	0.060
27	off	off	off	0.027	0.039	0.028	0.086
28	0.026	0.039	0.023	0.020	off	off	0.036
29	off	0.023	0.021	0.022	off	0.023	0.172
30	off	off	off	0.021	0.018	0.020	0.050
31	0.020	0.020	off	0.021	0.022	0.021	0.046

<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 Cl2 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> Justin R. Riggs	
		<b>SIGNATURE:</b> Justin R. Riggs	
		<b>PHONE #:</b> (503) 937 7003	
		<b>DATE:</b> 6/11/21	
		<b>CERT #:</b> 6957	

<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:	May-21	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? <sup>3</sup>	Peak Hourly Demand Flow	
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]	
1	1030	0.88	567	498.96	14.7	7.48	16.4	YES	208
2	930	0.88	567	498.96	14.7	7.50	16.5	YES	220
3	1500	0.76	567	430.92	14.3	7.43	16.3	YES	539
4	1100	0.93	567	527.31	14.0	7.51	17.4	YES	560
5	930	0.92	567	521.64	14.0	7.48	17.2	YES	563
6	930	0.98	567	555.66	14.0	7.46	17.2	YES	512
7	900	0.92	567	521.64	13.9	7.56	17.9	YES	469
8	1300	0.92	567	521.64	13.6	7.45	17.5	YES	509
9	1030	0.86	567	487.62	13.3	7.45	17.7	YES	333
10	900	0.88	567	498.96	13.0	7.49	18.4	YES	434
11	1030	0.88	567	498.96	14.60	7.46	16.4	YES	521
12	900	0.81	567	459.27	14.50	7.47	16.4	YES	272
13	830	0.83	567	470.61	14.70	7.46	16.2	YES	485
14	900	0.79	567	447.93	15.00	7.43	15.6	YES	510
15	930	0.81	567	459.27	15.40	7.44	15.3	YES	344
16	830	0.82	567	464.94	16.00	7.58	15.5	YES	362
17	1100	0.76	567	430.92	16.60	7.57	14.7	YES	476
18	1400	0.77	567	436.59	16.00	7.48	14.8	YES	458
19	830	0.84	567	476.28	15.90	7.54	15.4	YES	531
20	1430	0.89	567	504.63	15.00	7.50	16.2	YES	468
21	830	0.91	567	515.97	14.20	7.56	17.5	YES	383
22	830	0.97	567	549.99	14.10	7.41	16.8	YES	379
23	1000	0.78	567	442.26	14.20	7.55	17.2	YES	373
24	1430	0.94	567	532.98	14.40	7.52	17.1	YES	433
25	1030	0.90	567	510.3	14.60	7.54	16.9	YES	477
26	1300	0.85	567	481.95	15.00	7.53	16.3	YES	449
27	1000	0.87	567	493.29	14.90	7.54	16.5	YES	396
28	1000	0.89	567	504.63	14.80	7.54	16.7	YES	423
29	830	0.85	567	481.95	14.70	7.54	16.7	YES	408
30	900	0.82	567	464.94	14.90	7.56	16.5	YES	387
31	1000	0.86	567	487.62	16.00	7.55	15.4	YES	542

<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