

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill

Conventional or Direct Filtration

Month/Year: Jun-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	0.020	0.024	0.023	off	0.022	0.022	0.037
2	0.022	0.023	0.024	0.024	off	0.024	0.034
3	0.024	0.031	0.043	0.024	0.024	0.028	0.047
4	0.025	0.024	off	0.028	0.023	off	0.032
5	off	0.022	0.023	0.024	0.022	off	0.077
6	off	off	off	0.023	0.021	off	0.034
7	off	0.023	off	0.022	0.020	0.021	0.107
8	0.023	off	0.023	0.021	off	off	0.043
9	0.021	0.022	0.022	off	off	off	0.095
10	0.019	0.020	0.026	0.021	0.019	off	0.032
11	off	0.020	0.023	0.020	off	off	0.032
12	0.020	0.020	0.020	off	off	off	0.030
13	0.022	off	off	0.025	0.024	off	0.190
14	0.045	off	0.080	0.049	0.030	off	0.289
15	0.060	0.042	0.031	0.038	0.033	0.030	0.106
16	0.041	0.036	0.034	0.037	0.036	0.034	0.091
17	0.097	0.040	0.038	0.026	0.024	0.024	0.096
18	0.029	0.023	0.026	0.024	0.024	off	0.070
19	off	0.022	0.026	0.026	0.023	0.022	0.043
20	0.026	0.024	0.023	0.023	0.023	0.023	0.052
21	0.030	off	off	0.028	0.024	0.026	0.051
22	0.025	0.026	0.035	0.026	0.029	0.048	0.154
23	0.059	off	off	0.025	0.026	0.025	0.212
24	0.024	0.028	0.026	0.024	0.026	0.024	0.138
25	0.023	0.030	0.026	0.024	0.055	0.024	0.036
26	0.024	off	0.027	0.026	off	0.028	0.063
27	off	0.025	0.026	0.022	off	0.026	0.048
28	0.026	0.031	0.023	0.022	0.026	0.022	0.047
29	0.022	0.032	0.024	0.024	off	0.022	0.099
30	0.021	0.021	0.022	0.023	0.024	0.022	0.114
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<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 <input checked="" type="radio"/> Yes / <input type="radio"/> 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 <input checked="" type="radio"/> Yes / <input type="radio"/> No	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE <sup>2</sup> triggers	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes:		PRINTED NAME: <i>Justin K. Riggs</i>	
		SIGNATURE: <i>Justin K. Riggs</i>	
		DATE: <i>7/1/2021</i>	CERT #: <i>6957</i>
		PHONE #: <i>(503) 837-7003</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: Jun-21

Disinfection  
Giardia Log  
Inactiv:

0.5

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	800	0.81	567	459.27	16.6	7.59	14.9	YES	489
2	800	0.80	567	453.6	18.7	7.57	12.8	YES	505
3	830	0.81	567	459.27	19.0	7.57	12.6	YES	351
4	800	0.75	567	425.25	19.2	7.60	12.5	YES	377
5	1300	0.75	567	425.25	19.4	7.55	12.1	YES	427
6	930	0.73	567	413.91	18.5	7.53	12.7	YES	266
7	1300	0.78	567	442.26	17.4	7.53	13.8	YES	417
8	1000	0.80	567	453.6	19.4	7.55	12.2	YES	425
9	1100	0.82	567	464.94	16.0	7.59	15.5	YES	563
10	900	0.76	567	430.92	15.4	7.54	15.8	YES	473
11	900	0.79	567	447.93	15.30	7.56	16.0	YES	338
12	1000	0.81	567	459.27	14.90	7.54	16.4	YES	337
13	1100	0.76	567	430.92	13.80	7.55	17.6	YES	363
14	1300	0.80	567	453.6	16.10	7.51	14.9	YES	400
15	1400	0.82	567	464.94	15.30	7.50	15.7	YES	449
16	1300	0.79	567	447.93	15.50	7.58	15.9	YES	400
17	1300	0.78	567	442.26	17.80	7.55	13.5	YES	482
18	1000	0.79	567	447.93	18.10	7.58	13.4	YES	386
19	930	0.82	567	464.94	17.10	7.56	14.3	YES	452
20	1130	0.93	567	527.31	18.10	7.56	13.5	YES	388
21	1400	0.86	567	487.62	19.00	7.59	12.8	YES	496
22	900	0.88	567	498.96	19.70	7.53	11.9	YES	433
23	930	0.81	567	459.27	19.70	7.55	11.9	YES	439
24	1100	0.85	567	481.95	20.70	7.57	11.3	YES	478
25	1030	0.81	567	459.27	20.10	7.58	11.7	YES	507
26	1030	0.83	567	470.61	22.30	7.56	10.1	YES	379
27	930	0.83	567	470.61	21.90	7.56	10.4	YES	467
28	630	0.88	567	498.96	23.30	7.57	9.5	YES	485
29	830	0.87	567	493.29	24.00	7.44	8.6	YES	355
30	800	0.85	567	481.95	22.60	7.52	9.7	YES	459
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<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