

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill

Conventional or Direct Filtration

Month/Year: Jul-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	0.022	0.020	off	0.030	0.034	0.030	0.060
2	0.030	off	off	0.036	0.033	0.029	0.039
3	0.029	0.035	0.029	0.028	0.028	off	0.057
4	off	0.029	0.028	0.028	0.028	0.028	0.059
5	0.027	0.028	0.028	0.029	0.029	0.029	0.057
6	0.028	0.030	0.028	0.030	0.032	0.032	0.065
7	0.032	off	off	0.027	0.027	0.028	0.057
8	0.027	0.027	0.027	0.030	off	off	0.056
9	0.027	0.027	0.030	0.028	0.036	0.031	0.073
10	0.029	0.038	0.029	off	off	0.033	0.068
11	off	0.026	0.027	0.027	0.024	0.026	0.039
12	0.031	0.028	0.035	0.022	0.025	0.024	0.042
13	0.024	0.024	0.024	0.022	0.022	0.024	0.082
14	0.022	0.022	0.026	0.024	0.022	0.022	0.051
15	off	off	0.024	0.022	0.022	0.022	0.066
16	0.022	0.022	0.022	0.022	0.022	0.022	0.073
17	0.022	0.022	0.024	0.022	off	off	0.069
18	0.022	0.024	0.022	0.022	off	0.023	0.057
19	0.024	0.022	0.022	0.024	0.022	0.020	0.059
20	0.024	0.022	0.022	0.026	0.022	0.021	0.060
21	0.025	0.022	0.022	0.026	0.023	0.023	0.076
22	0.023	0.028	0.026	0.022	off	off	0.082
23	0.020	0.026	0.022	0.022	0.025	0.022	0.083
24	0.022	off	off	0.022	off	0.022	0.075
25	0.022	0.023	0.022	0.022	0.022	0.024	0.048
26	0.022	0.022	0.024	0.024	0.024	0.023	0.040
27	0.024	0.023	0.024	0.024	0.023	0.023	0.046
28	0.024	0.024	0.024	0.024	0.023	0.023	0.046
29	0.024	0.024	0.022	0.024	0.022	0.022	0.040
30	0.022	0.022	0.023	0.023	0.022	0.023	0.028
31	0.025	0.025	0.025	0.029	0.035	0.039	0.049

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? All 4-hour turbidity readings ≤ 1 NTU? All turbidity readings < IFE ² triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No <input checked="" type="radio"/> Yes / <input type="radio"/> No <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
Notes:	PRINTED NAME: Justin R. Higgs	
	SIGNATURE: <i>[Signature]</i>	DATE: 8/3/21
	PHONE #: (503) 437 7003	CERT #: 6547

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 Eff. (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:	Jul-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? ³	Peak Hourly Demand Flow	
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]	
1	1300	0.79	567	447.93	22.3	7.48	9.7	YES	405
2	900	0.75	567	425.25	22.5	7.54	9.8	YES	472
3	1100	0.77	567	436.59	22.4	7.54	9.9	YES	380
4	900	0.74	567	419.58	22.2	7.48	9.7	YES	436
5	800	0.77	567	436.59	21.9	7.53	10.2	YES	423
6	1130	0.61	567	345.87	22.7	7.56	9.6	YES	463
7	930	0.64	567	362.88	21.7	7.54	10.2	YES	462
8	800	0.79	567	447.93	21.7	7.56	10.4	YES	471
9	900	0.81	567	459.27	21.0	7.53	10.9	YES	554
10	930	0.84	567	476.28	21.5	7.54	10.6	YES	348
11	800	0.85	567	481.95	21.20	7.53	10.8	YES	428
12	1300	0.76	567	430.92	21.90	7.47	9.9	YES	421
13	1130	0.94	567	532.98	21.60	7.56	10.7	YES	466
14	1000	0.78	567	442.26	21.80	7.51	10.2	YES	425
15	930	0.77	567	436.59	21.40	7.53	10.5	YES	522
16	900	0.92	567	521.64	21.20	7.55	10.9	YES	444
17	830	0.90	567	510.3	20.60	7.54	11.3	YES	496
18	1100	0.96	567	544.32	20.80	7.52	11.1	YES	385
19	1600	0.85	567	481.95	21.80	7.50	10.2	YES	425
20	1100	0.83	567	470.61	20.50	7.54	11.3	YES	559
21	1000	0.81	567	459.27	21.00	7.51	10.8	YES	447
22	1000	0.93	567	527.31	20.10	7.60	12.0	YES	512
23	1230	0.83	567	470.61	20.40	7.52	11.3	YES	385
24	900	1.04	567	589.68	20.60	7.56	11.6	YES	406
25	1000	0.98	567	555.66	21.20	7.55	11.0	YES	415
26	1300	0.90	567	510.3	22.10	7.50	10.1	YES	505
27	1000	0.98	567	555.66	21.90	7.60	10.7	YES	444
28	900	0.94	567	532.98	22.30	7.53	10.1	YES	476
29	1300	0.86	567	487.62	23.00	7.57	9.7	YES	488
30	900	0.91	567	515.97	23.80	7.54	9.1	YES	488
31	830	0.99	567	561.33	23.00	7.51	9.6	YES	382

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