

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County:

Yamhill

Conventional or Direct Filtration

Month/Year:

Aug-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	0.042	0.039	off	0.035	off	0.024	0.091
2	0.022	0.022	0.024	0.024	0.022	0.025	0.062
3	0.022	0.022	off	off	0.022	0.023	0.054
4	0.022	0.024	0.022	0.022	0.024	0.022	0.034
5	0.022	0.024	0.023	0.023	0.026	0.025	0.047
6	0.024	0.031	0.025	0.024	off	0.025	0.048
7	off	0.024	0.024	0.020	0.024	0.024	0.059
8	0.026	off	0.022	0.029	0.030	0.028	0.052
9	0.029	0.032	0.026	0.025	0.026	0.024	0.082
10	0.024	off	0.027	0.025	0.023	0.029	0.083
11	0.024	0.024	off	off	0.024	0.024	0.048
12	0.025	0.025	0.025	0.025	0.025	0.027	0.043
13	0.027	0.025	0.026	0.026	0.026	0.027	0.052
14	0.028	off	off	0.026	0.027	0.027	0.055
15	0.027	0.025	0.026	0.026	off	0.026	0.055
16	off	0.027	0.027	0.022	0.022	0.021	0.061
17	off	0.022	0.021	0.024	off	0.022	0.071
18	0.020	0.021	0.021	0.024	0.026	0.022	0.039
19	off	off	0.024	0.024	off	0.025	0.045
20	0.024	off	0.022	0.025	0.024	0.025	0.072
21	0.024	0.024	off	0.025	0.024	0.025	0.073
22	0.024	0.024	off	0.022	0.022	0.022	0.049
23	off	off	0.023	0.023	off	0.022	0.050
24	0.026	0.022	off	0.039	0.028	0.027	0.115
25	0.036	0.030	0.025	0.082	0.030	0.030	0.082
26	0.030	off	off	0.030	0.028	0.028	0.061
27	0.030	0.030	0.028	0.029	0.029	0.029	0.049
28	off	off	0.028	0.029	0.029	0.028	0.047
29	0.030	0.027	0.028	0.028	off	off	0.061
30	off	off	0.030	0.028	0.030	0.037	0.054
31	0.032	0.032	off	0.031	0.032	off	0.067

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	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No

Notes:	PRINTED NAME: Justin R. Ross
	SIGNATURE: <i>Justin R. Ross</i> DATE: 9/2/2021
	PHONE #: (503) 837-7003 CERT #: 6993

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: Aug-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	1200	0.98	567	555.66	23.3	7.48	9.3	YES	356
2	1300	0.94	567	532.98	24.2	7.53	8.9	YES	490
3	1100	0.90	567	510.3	23.2	7.51	9.4	YES	448
4	1300	1.15	567	652.05	23.3	7.60	9.9	YES	418
5	1000	0.82	567	464.94	23.2	7.58	9.5	YES	503
6	1100	1.17	567	663.39	23.1	7.54	9.9	YES	443
7	930	1.13	567	640.71	22.7	7.57	10.2	YES	427
8	930	0.96	567	544.32	22.3	7.56	10.2	YES	494
9	1030	0.95	567	538.65	21.6	7.54	10.6	YES	449
10	1000	0.90	567	510.3	22.2	7.54	10.1	YES	500
11	900	0.93	567	527.31	22.10	7.54	10.3	YES	455
12	900	0.92	567	521.64	22.60	7.54	9.9	YES	518
13	900	1.04	567	589.68	23.70	7.53	9.3	YES	465
14	1100	0.94	567	532.98	24.30	7.53	8.8	YES	427
15	1030	0.93	567	527.31	24.10	7.55	9.0	YES	379
16	800	0.95	567	538.65	23.50	7.55	9.4	YES	484
17	800	1.04	567	589.68	22.00	7.57	10.6	YES	455
18	800	0.98	567	555.66	21.20	7.57	11.1	YES	407
19	1000	0.95	567	538.65	21.50	7.55	10.7	YES	477
20	1300	0.90	567	510.3	21.40	7.56	10.8	YES	418
21	930	1.05	567	595.35	21.10	7.58	11.3	YES	384
22	900	1.08	567	612.36	20.80	7.56	11.5	YES	330
23	930	1.01	567	572.67	20.00	7.56	12.0	YES	513
24	1400	0.90	567	510.3	20.20	7.58	11.8	YES	433
25	800	1.01	567	572.67	19.30	7.55	12.5	YES	453
26	1300	0.94	567	532.98	20.00	7.60	12.1	YES	509
27	930	0.97	567	549.99	19.60	7.55	12.2	YES	411
28	1030	1.05	567	595.35	19.80	7.55	12.2	YES	438
29	1100	0.98	567	555.66	20.20	7.57	11.9	YES	379
30	1000	0.99	567	561.33	19.60	7.56	12.3	YES	492
31	1300	0.93	567	527.31	20.50	7.52	11.3	YES	491

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