

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill
 Month/Year: Oct-21

Conventional or Direct Filtration

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	0.036	0.038	0.032	0.031	0.091	
2	0.032	0.031	0.049	off	off	off	0.087	
3	off	off	off	0.034	0.032	0.032	0.066	
4	0.032	0.030	0.030	0.033	0.053	0.040	0.068	
5	off	off	off	0.058	0.064	0.046	0.101	
6	0.046	0.043	0.043	0.043	0.042	off	0.051	
7	0.043	0.043	0.044	0.054	0.046	0.045	0.082	
8	0.046	0.044	off	0.050	0.050	0.048	0.176	
9	0.049	off	off	0.050	0.050	0.048	0.176	
10	0.049	off	off	0.049	0.042	0.038	0.114	
11	0.037	0.036	0.038	0.034	0.046	0.037	0.159	
12	0.026	0.085	0.040	0.061	0.027	0.027	0.154	
13	0.026	0.025	0.035	0.045	0.042	0.038	0.077	
14	0.051	0.043	0.040	0.049	0.044	0.041	0.167	
15	0.041	0.036	0.035	0.039	0.034	off	0.090	
16	0.030	0.030	off	off	0.031	0.025	0.112	
17	0.024	0.035	0.027	0.025	0.037	off	0.075	
18	off	0.043	0.025	0.046	0.029	0.025	0.090	
19	0.051	0.029	0.026	0.057	0.029	0.026	0.078	
20	off	0.030	0.025	0.026	0.115	0.045	0.117	
21	off	off	0.041	0.040	0.047	0.033	0.085	
22	0.034	0.042	0.035	0.034	off	off	0.082	
23	off	off	0.034	0.032	0.033	0.036	0.084	
24	0.034	0.035	0.038	0.035	0.035	off	0.068	
25	off	0.032	0.038	0.067	0.043	0.035	0.094	
26	off	off	0.150	0.040	0.032	0.030	0.233	
27	0.030	0.030	0.040	0.040	0.048	0.033	0.089	
28	0.032	0.030	off	0.037	0.032	0.030	0.060	
29	0.030	off	off	0.030	0.040	0.032	0.111	
30	0.032	0.045	off	0.033	0.032	0.041	0.095	
31	0.032	off	off	0.032	0.038	0.031	0.139	

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 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 ² triggers	Yes/No		
Notes:		PRINTED NAME: Justin R. Riggs SIGNATURE: <i>[Signature]</i> PHONE #: (503) 437 7003 DATE: 11/21/21 CERT #: 6997	

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:	Oct-21	Disinfection Giardia Log Inactiv:	0.5
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Date / Time	Residual at 1st User (C)	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	1100	0.69	567	391.23	15.3	7.57	15.9	YES	510
2	830	0.59	567	334.53	14.9	7.63	16.5	YES	380
3	830	0.66	567	374.22	14.9	7.61	16.5	YES	477
4	1300	0.70	567	396.9	14.7	7.59	16.7	YES	392
5	1100	0.68	567	385.56	15.4	7.61	16.0	YES	514
6	1300	0.82	567	464.94	15.2	7.69	17.0	YES	420
7	900	0.85	567	481.95	14.9	7.71	17.5	YES	512
8	1030	0.89	567	504.63	13.1	7.76	20.2	YES	408
9	1000	0.74	567	419.58	14.0	7.80	19.0	YES	445
10	1000	0.84	567	476.28	13.8	7.83	19.7	YES	339
11	1300	0.87	567	493.29	13.30	7.81	20.3	YES	558
12	830	0.93	567	527.31	14.00	7.79	19.3	YES	490
13	830	0.89	567	504.63	13.30	7.77	20.0	YES	399
14	1030	0.81	567	459.27	12.40	7.68	20.5	YES	493
15	1000	1.00	567	567	14.40	7.85	19.4	YES	524
16	900	0.96	567	544.32	13.70	7.57	18.3	YES	369
17	900	0.92	567	521.64	11.80	7.62	21.1	YES	437
18	1530	0.88	567	498.96	13.80	7.40	16.9	YES	477
19	800	0.91	567	515.97	13.10	7.63	19.3	YES	547
20	900	1.04	567	589.68	12.60	7.55	19.7	YES	420
21	800	0.89	567	504.63	11.40	7.63	21.7	YES	464
22	1300	0.83	567	470.61	11.80	7.58	20.6	YES	343
23	900	0.68	567	385.56	13.00	7.58	18.6	YES	480
24	800	0.70	567	396.9	12.40	7.62	19.8	YES	390
25	930	0.69	567	391.23	12.60	7.57	19.1	YES	465
26	830	0.74	567	419.58	13.10	7.58	18.6	YES	379
27	930	1.02	567	578.34	11.90	7.51	20.4	YES	495
28	900	0.99	567	561.33	12.60	7.50	19.2	YES	416
29	1100	1.04	567	589.68	12.80	7.57	19.6	YES	463
30	830	1.08	567	612.36	13.50	7.65	19.3	YES	439
31	1000	1.04	567	589.68	11.60	7.57	21.3	YES	338

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