

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill

Conventional or Direct Filtration

Month/Year: Nov-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	off	off	0.032	off	0.038	0.031	0.105	
2	off	off	0.033	0.033	0.054	0.034	0.072	
3	0.032	off	0.037	0.033	0.032	0.036	0.078	
4	off	off	0.034	0.051	0.030	0.032	0.211	
5	0.038	0.037	0.034	off	0.035	0.032	0.069	
6	0.032	off	off	0.035	0.030	0.030	0.080	
7	0.037	0.031	0.030	0.038	0.032	off	0.070	
8	off	0.032	off	off	0.043	0.030	0.105	
9	0.024	0.033	0.030	0.026	0.030	0.026	0.106	
10	0.024	0.031	0.026	0.043	0.042	0.028	0.105	
11	0.025	off	0.179	0.037	0.034	0.032	0.271	
12	off	off	off	off	0.040	off	0.122	
13	off	off	off	0.048	0.075	0.027	0.212	
14	0.027	0.028	0.028	0.028	0.028	0.039	0.208	
15	0.029	0.029	0.028	0.031	0.028	0.038	0.101	
16	0.028	0.028	0.026	0.028	0.027	0.028	0.054	
17	0.028	0.026	0.028	0.048	0.040	0.029	0.149	
18	0.046	0.044	0.028	0.027	0.028	0.032	0.194	
19	0.033	0.027	0.027	0.050	0.037	0.032	0.232	
20	0.035	0.032	0.033	off	0.035	0.029	0.192	
21	0.029	0.029	0.029	0.033	off	0.027	0.091	
22	0.027	0.028	0.028	0.033	0.030	0.029	0.081	
23	0.032	0.030	0.029	0.030	0.038	0.035	0.057	
24	off	off	0.032	0.087	0.033	0.031	0.232	
25	0.032	0.031	0.031	0.029	0.041	0.033	0.133	
26	off	off	0.136	off	0.033	0.031	0.172	
27	off	0.037	0.031	0.031	0.033	0.035	0.245	
28	0.035	0.045	0.044	0.188	0.034	0.036	0.299	
29	0.034	0.044	0.035	0.044	0.037	0.034	0.068	
30	0.034	0.030	0.032	0.030	0.038	0.030	0.106	
31								

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 4-hour turbidity readings ≤ 1 NTU?	Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l?
All turbidity readings < IFE <sup>2</sup> triggers	Yes / No	Yes / No
Notes:	PRINTED NAME: Justin R. Biggs	
	SIGNATURE: <i>Justin R. Biggs</i>	DATE: 12/11/2021
	PHONE #: 503 437 2803	CERT #: 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:	Nov-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	930	1.07	567	606.69	13.0	7.60	19.6	YES	450
2	930	1.11	567	629.37	11.1	7.63	22.7	YES	438
3	730	1.14	567	646.38	11.2	7.55	22.0	YES	449
4	900	1.05	567	595.35	11.7	7.65	21.8	YES	446
5	1100	1.10	567	623.7	12.7	7.60	20.0	YES	413
6	1000	0.89	567	504.63	11.7	7.56	20.7	YES	410
7	800	1.11	567	629.37	12.1	7.56	20.7	YES	370
8	730	1.05	567	595.35	11.7	7.64	21.7	YES	523
9	930	1.15	567	652.05	12.0	7.60	21.2	YES	385
10	800	1.11	567	629.37	10.8	7.51	22.2	YES	438
11	0	0.89	567	504.63	10.80	7.65	22.7	YES	419
12	1600	0.81	567	459.27	12.40	7.48	19.1	YES	457
13	1100	0.88	567	498.96	10.70	7.46	21.3	YES	281
14	1030	0.94	567	532.98	12.30	7.36	18.7	YES	397
15	1000	1.04	567	589.68	12.50	7.27	17.9	YES	416
16	800	0.84	567	476.28	11.50	7.39	19.7	YES	502
17	1000	1.03	567	584.01	11.50	7.25	19.2	YES	409
18	800	0.98	567	555.66	10.40	7.42	21.7	YES	473
19	900	1.11	567	629.37	11.40	7.59	21.9	YES	334
20	1100	0.64	567	362.88	10.20	7.43	21.2	YES	433
21	930	0.72	567	408.24	9.90	7.37	21.4	YES	422
22	1300	0.89	567	504.63	9.80	7.34	21.7	YES	555
23	1100	1.03	567	584.01	9.50	7.46	23.5	YES	427
24	830	1.06	567	601.02	9.20	7.47	24.1	YES	472
25	830	0.99	567	561.33	9.70	7.53	23.7	YES	455
26	930	0.99	567	561.33	8.90	7.51	24.8	YES	543
27	1000	0.97	567	549.99	9.70	7.54	23.7	YES	420
28	1000	0.95	567	538.65	12.00	7.60	20.7	YES	435
29	1000	0.90	567	510.3	12.90	7.52	18.8	YES	472
30	900	0.83	567	470.61	11.10	7.46	20.7	YES	493
31									

<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