

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County:

Yamhill

Conventional or Direct Filtration

Month/Year:

Dec-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	0.038	0.030	off	0.030	0.062	0.041	0.220
2	off	off	0.028	0.028	0.028	0.028	0.039
3	0.029	0.028	0.029	0.033	0.028	0.030	0.054
4	off	off	off	0.052	0.033	0.030	0.061
5	0.030	0.030	0.030	0.047	0.030	0.029	0.074
6	0.028	off	0.035	0.034	0.032	0.033	0.069
7	0.032	0.030	0.030	0.036	0.034	0.030	0.088
8	0.030	0.028	0.028	0.034	0.030	off	0.048
9	off	off	0.030	0.029	0.029	0.029	0.041
10	0.028	0.029	0.029	0.037	0.032	0.030	0.055
11	off	off	off	0.033	0.032	0.061	0.223
12	off	off	0.035	0.030	0.029	0.040	0.239
13	0.033	0.036	0.069	off	0.035	0.032	0.161
14	0.037	0.037	0.037	off	0.051	0.030	0.280
15	0.029	0.026	0.027	0.026	0.027	0.027	0.122
16	0.026	0.021	off	0.028	0.027	0.025	0.072
17	0.026	0.024	0.026	0.033	0.028	0.026	0.073
18	0.026	0.025	0.025	0.026	0.036	0.036	0.204
19	off	off	0.026	0.026	0.026	0.026	0.037
20	off	off	0.027	0.032	0.028	0.027	0.076
21	0.026	0.026	off	0.030	0.026	0.027	0.056
22	0.026	0.025	0.026	0.026	0.030	0.026	0.052
23	0.026	0.027	0.032	0.026	0.027	0.026	0.059
24	0.026	0.024	0.024	0.042	0.027	0.027	0.046
25	0.027	0.027	0.028	0.028	0.026	off	0.059
26	0.027	0.025	0.026	0.096	0.025	0.025	0.155
27	0.024	off	0.026	0.024	0.024	0.024	0.027
28	off	off	0.025	0.025	0.025	0.025	0.056
29	0.025	0.025	0.026	0.026	0.026	0.025	0.043
30	0.025	0.025	off	0.028	0.028	0.030	0.108
31	0.027	0.028	0.028	0.030	0.028	off	0.064

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: Justin R. Riggs	DATE: 11/3/2022
		PHONE #: 503 1437 7003	CERT #: 6397

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:	Dec-21	Disinfection Giardia Log Inactiv:	0.5
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Date / Time	Residual at 1st User (C) [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]	
1	1030	0.84	567	476.28	11.4	7.42	20.0	YES	417
2	1300	1.01	567	572.67	11.7	7.55	20.9	YES	538
3	1000	1.19	567	674.73	10.8	7.48	22.1	YES	427
4	1130	0.83	567	470.61	10.4	7.43	21.4	YES	453
5	1000	1.18	567	669.06	10.2	7.49	23.1	YES	378
6	1100	0.97	567	549.99	9.5	7.52	23.8	YES	598
7	830	0.94	567	532.98	9.6	7.44	22.9	YES	406
8	800	0.89	567	504.63	9.7	7.36	22.0	YES	501
9	1300	0.82	567	464.94	9.3	7.43	23.0	YES	487
10	800	0.82	567	464.94	9.2	7.40	22.9	YES	441
11	930	0.81	567	459.27	9.30	7.54	23.9	YES	473
12	800	0.78	567	442.26	8.40	7.51	25.0	YES	407
13	930	0.81	567	459.27	9.70	7.51	23.0	YES	548
14	800	0.83	567	470.61	8.90	7.76	26.6	YES	417
15	830	0.80	567	453.6	7.90	7.61	26.9	YES	480
16	1000	0.83	567	470.61	9.50	7.47	23.1	YES	476
17	800	0.90	567	510.3	8.40	7.51	25.4	YES	445
18	1300	0.86	567	487.62	9.00	7.49	24.1	YES	557
19	1400	0.87	567	493.29	9.00	7.47	23.9	YES	462
20	800	0.83	567	470.61	8.20	7.51	25.5	YES	528
21	1100	0.91	567	515.97	8.70	7.47	24.5	YES	401
22	600	0.84	567	476.28	8.90	7.48	24.1	YES	515
23	1030	0.92	567	521.64	9.20	7.53	24.3	YES	538
24	930	0.97	567	549.99	9.70	7.60	24.2	YES	515
25	730	1.00	567	567	9.30	7.59	24.9	YES	555
26	930	1.00	567	567	9.20	7.59	25.0	YES	445
27	630	0.94	567	532.98	7.70	7.47	26.3	YES	536
28	500	0.98	567	555.66	7.30	7.53	27.8	YES	430
29	800	0.99	567	561.33	7.60	7.54	27.3	YES	499
30	730	0.96	567	544.32	7.60	7.50	26.9	YES	549
31	830	0.96	567	544.32	7.30	7.43	26.7	YES	489

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