

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill

Conventional or Direct Filtration

Month/Year: Jan-22

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	0.026	0.031	0.028	0.029	0.053	
2	0.026	0.026	0.026	0.032	0.028	0.026	0.049	
3	0.026	off	0.028	0.026	0.049	0.034	0.071	
4	0.028	0.028	0.026	0.026	0.032	0.029	0.046	
5	0.026	0.026	off	0.028	0.027	0.028	0.081	
6	0.026	0.024	0.024	0.031	0.029	0.026	0.059	
7	off	off	off	0.026	0.027	0.025	0.241	
8	0.027	0.025	0.025	off	0.026	0.026	0.062	
9	0.024	0.025	0.025	0.028	0.025	0.025	0.051	
10	0.025	off	0.025	0.032	0.026	0.024	0.124	
11	0.024	0.024	off	0.023	0.027	0.025	0.107	
12	0.025	0.026	0.025	0.025	0.027	0.026	0.062	
13	0.025	off	off	off	0.026	0.025	0.055	
14	0.025	0.024	0.030	0.026	0.026	0.025	0.053	
15	0.025	0.024	0.025	0.025	0.026	0.026	0.057	
16	0.024	0.025	0.024	0.030	0.026	0.026	0.059	
17	0.024	0.024	0.026	0.026	0.024	0.025	0.026	
18	0.025	0.025	0.025	off	0.034	0.032	0.070	
19	0.032	0.032	0.032	0.082	0.121	0.033	0.134	
20	0.032	0.031	0.030	0.038	0.032	0.030	0.092	
21	0.030	0.030	0.033	off	off	0.038	0.073	
22	off	0.041	0.040	0.052	0.043	0.044	0.133	
23	0.043	0.041	0.041	0.063	0.029	0.028	0.076	
24	0.039	0.028	0.030	off	0.029	0.027	0.253	
25	0.043	0.030	0.049	0.066	0.052	0.040	0.125	
26	0.039	0.053	0.048	0.068	0.039	0.048	0.203	
27	0.041	0.038	0.048	0.030	0.026	0.026	0.190	
28	0.030	0.026	0.029	off	0.046	0.039	0.085	
29	0.039	0.037	0.037	0.040	0.037	0.038	0.129	
30	0.037	0.037	0.041	0.043	0.040	0.037	0.084	
31	0.037	0.038	0.038	0.044	0.040	0.039	0.124	

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. Briggs
	SIGNATURE: <i>Justin R. Briggs</i> DATE: 2/11/22
	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: Jan-22	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	930	0.85	567	481.95	5.9	7.37	28.4	YES	549
2	1000	0.79	567	447.93	5.6	7.40	29.0	YES	479
3	900	0.86	567	487.62	6.5	7.45	28.1	YES	531
4	1300	0.83	567	470.61	6.8	7.48	27.7	YES	450
5	900	0.82	567	464.94	6.5	7.50	28.5	YES	504
6	900	0.85	567	481.95	7.7	7.50	26.3	YES	509
7	1330	0.84	567	476.28	8.1	7.37	24.5	YES	437
8	1000	0.86	567	487.62	8.7	7.45	24.2	YES	480
9	930	0.91	567	515.97	9.2	7.49	23.9	YES	433
10	930	0.88	567	498.96	7.7	7.44	25.9	YES	510
11	930	0.90	567	510.3	8.20	7.50	25.6	YES	535
12	1030	0.91	567	515.97	7.90	7.42	25.4	YES	468
13	1300	0.92	567	521.64	8.70	7.45	24.4	YES	567
14	930	0.89	567	504.63	9.30	7.49	23.7	YES	411
15	930	0.94	567	532.98	9.00	7.53	24.7	YES	490
16	900	0.95	567	538.65	7.80	7.42	25.7	YES	477
17	930	0.86	567	487.62	8.40	7.47	24.9	YES	485
18	1300	0.77	567	436.59	7.20	7.54	27.4	YES	553
19	930	0.86	567	487.62	8.50	7.56	25.5	YES	501
20	1000	0.84	567	476.28	9.70	7.57	23.6	YES	507
21	1400	0.75	567	425.25	7.70	7.55	26.5	YES	525
22	930	0.81	567	459.27	8.70	7.40	23.7	YES	594
23	930	0.79	567	447.93	8.60	7.63	25.8	YES	506
24	1100	0.76	567	430.92	9.40	7.51	23.4	YES	438
25	930	0.78	567	442.26	9.50	7.58	23.8	YES	480
26	1000	0.78	567	442.26	7.50	7.49	26.4	YES	514
27	800	0.77	567	436.59	7.60	7.53	26.6	YES	452
28	830	0.83	567	470.61	5.90	7.58	30.5	YES	575
29	900	0.83	567	470.61	6.10	7.62	30.6	YES	401
30	1030	0.91	567	515.97	5.80	7.53	30.5	YES	434
31	1000	0.76	567	430.92	6.60	7.59	29.0	YES	544

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