

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County:

Yamhill

Conventional or Direct Filtration

Month/Year:

Feb-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	0.039	0.038	0.039	0.032	0.041	0.032	0.204
2	0.032	0.031	0.047	0.029	0.028	0.035	0.056
3	0.043	off	0.029	0.036	0.029	0.028	0.076
4	0.039	0.032	0.033	0.074	0.029	0.028	0.091
5	0.122	0.028	0.028	off	0.028	0.028	0.129
6	0.036	0.030	0.030	0.047	0.056	off	0.106
7	off	off	off	0.042	off	0.044	0.126
8	0.041	0.042	0.044	0.044	0.043	0.044	0.139
9	0.040	0.040	0.044	0.041	0.046	0.040	0.076
10	0.042	off	0.040	0.039	0.049	0.040	0.184
11	0.043	0.037	0.041	0.036	0.039	0.036	0.151
12	0.054	0.039	0.037	0.046	off	0.039	0.144
13	0.036	off	off	0.059	0.034	0.032	0.113
14	off	0.043	0.036	off	0.034	0.037	0.111
15	0.054	off	0.041	0.034	0.034	0.034	0.117
16	0.037	0.035	0.035	0.041	0.034	0.033	0.100
17	0.043	0.036	0.036	0.043	0.034	0.033	0.054
18	0.049	off	off	0.034	0.033	0.039	0.060
19	0.035	0.035	off	0.037	0.034	0.033	0.071
20	0.038	off	off	0.034	0.039	0.035	0.080
21	off	off	0.052	off	0.052	0.048	0.170
22	0.037	0.038	0.075	0.046	0.039	0.039	0.188
23	0.047	0.059	0.050	0.075	off	0.080	0.265
24	off	0.074	0.274	0.037	off	0.046	0.265
25	0.037	0.037	0.037	off	0.041	0.037	0.175
26	0.041	0.037	0.037	0.041	0.037	0.050	0.208
27	0.060	0.041	0.039	0.067	0.037	0.036	0.105
28	0.036	0.037	0.190	0.037	off	off	0.144
29							
30							
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes:	PRINTED NAME: Justin R Riggs	
	SIGNATURE: <i>Justin R Riggs</i>	DATE: 2/13/2022
	PHONE #: (503) 437 7003	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: Feb-22
 Disinfection Giardia Log Inactiv: 0.5

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	830	0.85	567	481.95	6.6	7.59	29.3	YES	560
2	1300	0.86	567	487.62	7.1	7.56	28.1	YES	459
3	900	0.74	567	419.58	6.7	7.56	28.4	YES	501
4	930	0.87	567	493.29	8.1	7.53	26.0	YES	410
5	730	0.92	567	521.64	8.3	7.60	26.4	YES	494
6	930	0.89	567	504.63	8.0	7.56	26.5	YES	451
7	1000	0.86	567	487.62	7.9	7.49	25.9	YES	447
8	1000	0.85	567	481.95	6.6	7.56	29.0	YES	610
9	900	0.88	567	498.96	8.7	7.51	24.8	YES	430
10	730	0.89	567	504.63	8.3	7.54	25.8	YES	469
11	800	0.94	567	532.98	9.70	7.69	24.9	YES	502
12	630	0.93	567	527.31	8.80	7.45	24.3	YES	382
13	830	0.93	567	527.31	8.00	7.51	26.1	YES	473
14	1100	0.92	567	521.64	9.00	7.56	24.9	YES	397
15	900	0.85	567	481.95	8.10	7.43	25.0	YES	446
16	1000	0.72	567	408.24	8.90	7.51	24.0	YES	510
17	900	0.77	567	436.59	8.60	7.58	25.3	YES	463
18	1130	0.76	567	430.92	8.30	7.61	26.0	YES	537
19	930	0.78	567	442.26	8.30	7.45	24.7	YES	487
20	900	0.81	567	459.27	9.10	7.59	24.7	YES	403
21	830	0.76	567	430.92	9.60	7.48	22.8	YES	493
22	930	0.78	567	442.26	9.30	7.57	24.1	YES	429
23	830	0.71	567	402.57	7.60	7.59	26.9	YES	527
24	900	0.72	567	408.24	6.40	7.50	28.3	YES	479
25	830	0.81	567	459.27	5.20	7.52	31.3	YES	532
26	800	0.82	567	464.94	5.70	7.53	30.4	YES	484
27	900	0.89	567	504.63	6.20	7.60	30.4	YES	525
28	1600	0.73	567	413.91	6.20	7.57	29.5	YES	486
29									
30									
31									

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
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