

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill

Conventional or Direct Filtration

Month/Year: Mar-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	0.056	0.051	0.056	off	0.042	0.041	0.240
2	0.057	0.041	0.039	0.042	0.037	0.046	0.078
3	0.039	0.046	0.037	0.040	0.038	0.040	0.100
4	0.037	0.037	off	0.037	0.041	0.039	0.063
5	0.039	0.038	off	0.041	off	off	0.113
6	off	0.037	0.046	0.039	0.037	off	0.067
7	off	off	0.040	off	0.035	0.047	0.115
8	0.035	0.085	off	0.032	0.028	0.048	0.176
9	0.030	0.041	off	0.030	0.052	0.031	0.080
10	0.031	0.036	off	0.043	off	0.043	0.087
11	off	0.040	off	0.043	0.037	0.067	0.093
12	0.041	off	off	0.042	0.039	0.041	0.083
13	0.043	off	off	0.110	off	off	0.180
14	0.049	off	0.060	off	0.087	0.038	0.209
15	0.036	0.036	0.036	0.067	0.037	0.035	0.074
16	off	off	0.029	0.028	0.033	0.028	0.086
17	0.028	0.032	0.028	0.029	0.033	off	0.057
18	off	off	0.028	0.028	0.032	0.028	0.055
19	0.027	0.031	0.067	0.029	off	off	0.068
20	0.027	0.027	0.038	0.029	0.027	0.045	0.083
21	off	off	off	0.028	0.028	0.033	0.059
22	0.031	off	0.030	0.029	0.032	0.028	0.056
23	0.028	off	off	0.035	0.029	0.032	0.077
24	0.028	0.030	off	off	0.037	0.030	0.096
25	0.031	0.045	off	0.034	0.031	0.051	0.078
26	off	off	off	0.030	0.030	0.028	0.063
27	off	off	off	0.030	0.030	0.050	0.128
28	off	off	0.028	0.032	0.053	0.032	0.143
29	0.030	0.041	0.030	off	0.035	0.028	0.193
30	off	off	0.039	0.032	0.036	0.033	0.077
31	0.032	0.043	off	off	0.034	0.030	0.128

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: *Justin R Riggs* DATE: 4/11/2022

PHONE #: (503) 876 2242 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:	Mar-22	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	1300	0.88	567	498.96	7.5	7.50	26.8	YES	516
2	1300	0.61	567	345.87	9.4	7.40	22.1	YES	491
3	900	0.75	567	425.25	9.3	7.53	23.7	YES	500
4	1300	0.78	567	442.26	9.2	7.46	23.3	YES	464
5	930	0.83	567	470.61	12.5	7.58	19.6	YES	452
6	830	0.72	567	408.24	11.5	7.44	19.8	YES	359
7	930	0.73	567	413.91	9.6	7.36	21.8	YES	473
8	1200	0.86	567	487.62	10.6	7.51	21.8	YES	398
9	930	1.03	567	584.01	12.5	7.49	19.4	YES	511
10	1300	0.63	567	357.21	10.5	7.54	21.6	YES	469
11	1100	0.72	567	408.24	9.60	7.63	23.9	YES	491
12	1030	0.82	567	464.94	9.60	7.59	23.9	YES	537
13	1030	0.81	567	459.27	8.30	7.57	25.8	YES	677
14	1300	0.89	567	504.63	10.20	7.62	23.4	YES	694
15	900	0.97	567	549.99	9.30	7.47	23.7	YES	658
16	930	0.98	567	555.66	10.10	7.47	22.5	YES	484
17	1400	0.87	567	493.29	10.00	7.48	22.5	YES	638
18	1300	0.84	567	476.28	10.90	7.43	20.8	YES	399
19	930	0.82	567	464.94	10.90	7.46	20.9	YES	439
20	900	0.79	567	447.93	11.10	7.44	20.4	YES	563
21	930	0.80	567	453.6	11.00	7.49	21.0	YES	491
22	1300	0.74	567	419.58	10.90	7.50	21.0	YES	476
23	1000	0.78	567	442.26	12.00	7.48	19.5	YES	739
24	1400	0.77	567	436.59	13.00	7.52	18.4	YES	529
25	930	0.77	567	436.59	12.40	7.80	21.2	YES	397
26	1100	0.73	567	413.91	10.70	7.57	21.8	YES	336
27	1030	0.68	567	385.56	10.20	7.45	21.5	YES	212
28	1000	0.81	567	459.27	13.40	7.62	18.7	YES	383
29	1400	0.79	567	447.93	13.30	7.62	18.7	YES	571
30	1030	0.81	567	459.27	13.30	7.59	18.6	YES	354
31	1500	0.79	567	447.93	12.60	7.57	19.3	YES	564

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