

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County:

Yamhill

Conventional or Direct Filtration

Month/Year:

Apr-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	0.032	0.043	off	0.049	off	off	0.081
2	off	0.037	off	0.037	0.033	0.033	0.091
3	0.037	off	off	0.035	0.034	off	0.081
4	0.034	off	0.032	off	off	off	0.265
5	off	off	off	0.042	0.085	0.216	0.226
6	0.064	off	0.080	0.040	off	0.032	0.266
7	0.048	0.037	0.041	off	0.223	0.037	0.237
8	0.043	0.052	off	0.036	0.040	off	0.173
9	off	off	off	0.055	0.042	0.036	0.074
10	off	off	0.050	0.044	0.039	0.035	0.177
11	off	off	0.038	off	0.051	0.045	0.178
12	0.122	off	off	off	off	0.102	0.247
13	0.035	0.213	off	0.048	0.054	0.104	0.294
14	off	off	off	off	0.036	0.067	0.200
15	0.041	0.087	0.041	0.052	0.057	0.046	0.159
16	0.056	off	off	0.086	off	0.039	0.228
17	off	off	off	0.036	0.040	0.038	0.200
18	0.034	off	off	0.041	0.033	off	0.074
19	off	off	0.054	0.071	off	off	0.292
20	0.094	off	0.071	0.090	off	0.044	0.218
21	0.051	off	0.072	0.063	0.142	0.043	0.271
22	0.034	0.033	0.033	0.036	0.033	0.031	0.078
23	0.031	0.031	off	0.030	0.036	off	0.116
24	off	off	off	off	0.042	0.036	0.064
25	0.069	0.042	0.046	0.043	0.038	0.038	0.125
26	0.035	0.043	off	0.030	off	0.028	0.104
27	0.028	0.029	0.034	0.030	0.028	0.030	0.086
28	0.028	off	0.027	0.039	0.028	0.036	0.205
29	0.030	0.046	0.034	0.036	off	off	0.071
30	0.030	0.028	0.037	0.033	off	0.031	0.265
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / No		
All turbidity readings < IFE ² triggers <input checked="" type="checkbox"/> Yes / No		
Notes:	PRINTED NAME: Justin R Riggs	DATE: 5/3/2022
	SIGNATURE: <i>[Signature]</i>	CERT #: 6997
	PHONE #: (503) 437 7003	

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
Disinfection Giardia Log Inactiv:	0.5

System Name:	City of Willamina	ID#: 41	00953	Month/Year:	Apr-22
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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	0.80	567	453.6	12.5	7.56	19.3	YES	298
2	930	0.71	567	402.57	12.0	7.56	19.9	YES	414
3	930	0.66	567	374.22	12.3	7.55	19.4	YES	371
4	830	0.74	567	419.58	12.2	7.51	19.4	YES	289
5	1400	0.67	567	379.89	12.8	7.55	18.6	YES	425
6	1100	0.73	567	413.91	11.6	7.57	20.6	YES	293
7	800	0.71	567	402.57	11.2	7.60	21.3	YES	416
8	930	0.68	567	385.56	13.4	7.62	18.4	YES	381
9	1000	0.66	567	374.22	10.6	7.43	20.7	YES	311
10	800	0.61	567	345.87	10.8	7.52	21.0	YES	305
11	800	0.61	567	345.87	11.40	7.56	20.5	YES	255
12	1500	0.60	567	340.2	10.50	7.58	21.9	YES	284
13	1100	0.64	567	362.88	10.10	7.59	22.6	YES	287
14	1400	0.60	567	340.2	10.10	7.56	22.3	YES	311
15	800	0.63	567	357.21	10.70	7.57	21.6	YES	281
16	930	0.61	567	345.87	10.40	7.55	21.8	YES	300
17	930	0.54	567	306.18	9.20	7.64	24.2	YES	247
18	1030	0.58	567	328.86	10.10	7.51	21.8	YES	261
19	830	0.65	567	368.55	9.80	7.54	22.7	YES	415
20	1400	0.62	567	351.54	11.90	7.69	20.8	YES	275
21	1300	0.59	567	334.53	11.70	7.74	21.3	YES	263
22	830	0.59	567	334.53	10.60	7.67	22.4	YES	332
23	1100	0.85	567	481.95	9.50	7.55	23.8	YES	267
24	1000	0.56	567	317.52	10.40	7.51	21.4	YES	279
25	900	0.52	567	294.84	11.80	7.44	19.0	YES	440
26	1000	0.62	567	351.54	12.10	7.50	19.2	YES	323
27	930	0.62	567	351.54	11.30	7.55	20.6	YES	329
28	1400	0.56	567	317.52	11.70	7.52	19.7	YES	363
29	800	0.59	567	334.53	11.30	7.53	20.4	YES	222
30	900	0.51	567	289.17	12.70	7.55	18.4	YES	265
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