

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill

Conventional or Direct Filtration

Month/Year: May-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	off	0.091	0.030	0.028	0.189
2	0.038	0.029	0.052	0.031	0.027	0.028	0.057
3	0.029	0.035	0.067	0.032	0.030	off	0.084
4	off	off	0.026	0.048	0.030	0.027	0.100
5	0.027	off	off	0.046	0.038	0.052	0.173
6	off	off	off	0.038	0.037	off	0.149
7	0.037	off	off	0.041	0.051	off	0.162
8	off	off	off	0.066	0.068	0.102	0.292
9	off	off	off	0.034	0.033	0.090	0.216
10	0.033	0.149	0.039	0.039	off	off	0.099
11	off	0.028	0.061	0.030	0.031	0.032	0.093
12	off	off	0.028	0.031	0.040	0.030	0.086
13	0.056	off	off	0.037	off	off	0.173
14	off	off	off	0.039	off	0.070	0.279
15	off	0.036	0.031	0.032	0.032	off	0.131
16	off	off	off	0.035	0.033	0.031	0.064
17	0.031	off	off	off	0.034	0.033	0.055
18	off	off	off	0.031	0.035	0.033	0.059
19	0.032	0.035	off	0.041	off	off	0.073
20	off	off	0.033	0.037	0.037	0.041	0.118
21	off	off	off	0.036	0.041	off	0.124
22	off	off	off	0.036	0.040	0.033	0.226
23	off	off	0.033	0.033	0.039	off	0.112
24	off	off	off	0.036	0.032	0.052	0.137
25	0.033	0.028	0.034	off	off	off	0.074
26	0.032	0.030	off	0.031	0.028	0.027	0.063
27	0.032	off	off	0.029	0.032	0.027	0.088
28	off	off	off	0.030	0.032	off	0.108
29	off	off	off	0.028	0.027	0.026	0.078
30	0.036	off	off	0.025	off	off	0.062
31	off	0.038	0.028	0.029	0.030	0.027	0.071

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 K. Biggs		
	SIGNATURE: Justin K. Biggs		DATE: 6/2/22
	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: May-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	0.53	567	300.51	13.4	7.54	17.5	YES	292
2	1030	0.55	567	311.85	12.7	7.56	18.6	YES	239
3	1100	0.60	567	340.2	13.7	7.54	17.3	YES	352
4	830	0.60	567	340.2	12.9	7.57	18.5	YES	304
5	1300	0.67	567	379.89	13.1	7.66	19.0	YES	275
6	1100	0.64	567	362.88	13.0	7.63	18.9	YES	282
7	930	0.50	567	283.5	11.3	7.56	20.4	YES	214
8	1030	0.50	567	283.5	11.1	7.53	20.4	YES	244
9	1100	0.55	567	311.85	12.4	7.59	19.3	YES	281
10	1030	0.53	567	300.51	12.7	7.65	19.1	YES	260
11	900	0.53	567	300.51	11.80	7.67	20.6	YES	223
12	1030	0.51	567	289.17	12.50	7.69	19.6	YES	257
13	1130	0.59	567	334.53	13.30	7.69	18.8	YES	225
14	1030	0.57	567	323.19	13.80	7.61	17.6	YES	226
15	930	0.68	567	385.56	13.30	7.57	18.2	YES	170
16	1000	0.62	567	351.54	13.20	7.50	17.7	YES	280
17	1300	0.62	567	351.54	14.00	7.42	16.3	YES	303
18	1300	0.61	567	345.87	14.00	7.40	16.2	YES	411
19	1200	0.62	567	351.54	12.90	7.37	17.2	YES	327
20	800	0.63	567	357.21	12.90	7.42	17.5	YES	273
21	1000	0.67	567	379.89	11.70	7.38	19.0	YES	231
22	1130	0.65	567	368.55	12.10	7.41	18.7	YES	241
23	1000	0.57	567	323.19	12.10	7.44	18.7	YES	198
24	930	0.57	567	323.19	13.50	7.55	17.6	YES	238
25	830	0.59	567	334.53	14.20	7.57	16.9	YES	210
26	1100	0.57	567	323.19	13.90	7.59	17.4	YES	206
27	1000	0.56	567	317.52	14.90	7.63	16.5	YES	366
28	1000	0.55	567	311.85	14.40	7.62	16.9	YES	172
29	1000	0.61	567	345.87	14.10	7.61	17.3	YES	235
30	930	0.61	567	345.87	13.80	7.64	17.9	YES	316
31	900	0.61	567	345.87	13.60	7.63	18.1	YES	224

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