

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County:

Yamhill

Conventional or Direct Filtration

Month/Year:

Jul-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	off	off	0.041	0.034	0.044	0.055	
2	0.033	off	0.031	0.034	off	0.033	0.041	
3	0.032	0.034	0.031	off	off	off	0.057	
4	0.037	0.031	0.039	0.031	off	off	0.090	
5	0.031	0.033	0.032	0.031	0.031	off	0.046	
6	off	off	0.041	0.032	0.035	0.037	0.100	
7	0.037	0.030	0.034	0.033	0.028	off	0.046	
8	off	0.036	off	0.029	0.031	0.028	0.109	
9	off	off	0.027	0.030	0.027	0.030	0.084	
10	0.028	0.034	0.029	off	off	0.028	0.052	
11	0.027	0.028	0.027	0.034	0.038	0.208	0.197	
12	off	off	0.032	0.029	0.030	0.027	0.059	
13	0.030	0.027	0.034	0.024	0.023	0.024	0.112	
14	0.024	0.026	0.024	0.026	0.022	0.024	0.049	
15	0.022	0.027	0.022	off	off	off	0.042	
16	off	0.022	0.210	0.022	off	off	0.033	
17	0.020	0.020	0.023	0.020	0.030	0.020	0.036	
18	0.018	0.020	off	off	0.018	0.020	0.038	
19	0.019	0.022	0.022	0.024	0.018	0.018	0.038	
20	off	off	0.021	0.020	0.024	0.019	0.040	
21	0.027	0.024	off	0.022	0.020	0.020	0.044	
22	off	off	off	0.018	off	off	0.027	
23	off	off	off	off	off	0.036	0.105	
24	0.018	0.018	0.018	0.018	0.029	0.018	0.042	
25	0.018	0.022	0.020	0.022	0.018	0.019	0.085	
26	0.018	0.022	0.022	0.022	0.018	0.018	0.038	
27	0.018	0.022	0.022	0.020	0.018	0.018	0.051	
28	0.018	0.023	0.021	0.025	0.018	0.021	0.049	
29	0.020	off	off	0.024	0.018	0.018	0.030	
30	0.019	0.019	0.020	0.020	0.020	off	0.031	
31	0.018	0.021	off	0.018	0.020	0.020	0.160	

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes/No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CT's met everyday? (see back) Yes/No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes/No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
All 4-hour turbidity readings ≤ 1 NTU? Yes/No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
All turbidity readings < IFE ² triggers Yes/No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Notes:	PRINTED NAME: Justin N. Riggs	
	SIGNATURE: <i>Justin N. Riggs</i>	DATE: 8/2/2022
	PHONE #: (503) 437 7803	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:	Jul-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	930	0.92	567	521.64	17.8	7.54	13.7	YES	292
2	600	0.84	567	476.28	17.2	7.30	12.9	YES	323
3	100	0.94	567	532.98	17.2	7.39	13.5	YES	443
4	900	0.88	567	498.96	16.9	7.35	13.5	YES	236
5	830	0.91	567	515.97	18.0	7.50	13.3	YES	169
6	1100	0.83	567	470.61	18.1	7.55	13.3	YES	257
7	1000	0.86	567	487.62	17.6	7.56	13.9	YES	310
8	1000	0.84	567	476.28	17.8	7.52	13.5	YES	180
9	1000	0.76	567	430.92	20.1	7.55	11.5	YES	244
10	700	0.82	567	464.94	17.8	7.56	13.6	YES	216
11	800	0.96	567	544.32	18.20	7.52	13.3	YES	367
12	830	0.91	567	515.97	19.50	7.60	12.5	YES	253
13	800	0.94	567	532.98	19.30	7.54	12.4	YES	331
14	830	0.98	567	555.66	19.50	7.56	12.4	YES	330
15	900	0.96	567	544.32	19.30	7.50	12.2	YES	310
16	830	0.91	567	515.97	19.10	7.42	12.0	YES	192
17	1200	0.90	567	510.3	18.90	7.44	12.2	YES	201
18	1300	0.85	567	481.95	20.10	7.59	11.8	YES	344
19	1130	0.80	567	453.6	19.90	7.54	11.7	YES	385
20	1300	0.77	567	436.59	20.60	7.54	11.1	YES	227
21	930	0.75	567	425.25	19.80	7.60	12.0	YES	396
22	1030	0.77	567	436.59	20.40	7.60	11.5	YES	404
23	930	0.85	567	481.95	19.80	7.61	12.2	YES	186
24	930	0.89	567	504.63	19.70	7.63	12.4	YES	259
25	900	0.94	567	532.98	19.90	7.63	12.3	YES	428
26	730	0.92	567	521.64	20.80	7.61	11.5	YES	273
27	900	0.94	567	532.98	20.90	7.58	11.3	YES	302
28	800	0.89	567	504.63	21.10	7.64	11.3	YES	558
29	1200	0.82	567	464.94	22.70	7.61	10.0	YES	412
30	630	0.90	567	510.3	22.30	7.49	9.9	YES	176
31	1100	0.60	567	340.2	22.40	7.46	9.4	YES	266

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