

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County:

Yamhill

Conventional or Direct Filtration

Month/Year:

Aug-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	0.020	0.019	0.020	off	0.020	0.018	0.105
2	0.022	0.020	0.020	0.027	0.018	0.018	0.066
3	0.020	0.020	0.031	off	off	0.018	0.102
4	0.020	0.025	0.022	0.022	0.021	0.020	0.120
5	0.024	off	off	0.021	0.018	off	0.143
6	0.018	0.018	0.029	0.031	off	off	0.027
7	0.027	0.029	0.030	off	off	off	0.047
8	0.019	0.019	0.022	0.019	0.020	off	0.079
9	off	off	0.018	0.018	0.022	0.018	0.055
10	0.033	0.027	0.022	0.024	0.018	off	0.151
11	off	0.019	0.022	0.022	0.027	0.022	0.091
12	off	off	0.021	0.025	0.025	0.021	0.039
13	0.020	0.020	0.022	0.026	0.018	0.020	0.064
14	0.018	off	off	0.022	0.023	0.020	0.071
15	0.020	off	0.021	0.025	0.020	0.019	0.056
16	0.023	0.020	0.025	0.022	0.020	0.018	0.056
17	0.021	0.022	0.028	0.022	0.021	0.018	0.057
18	off	off	0.024	0.024	0.020	0.021	0.053
19	0.024	0.018	0.018	0.020	0.020	off	0.046
20	off	0.018	0.020	0.052	0.018	0.020	0.059
21	0.019	0.027	off	0.022	off	off	0.054
22	0.018	0.025	0.023	0.028	0.020	0.018	0.071
23	0.023	0.023	0.050	0.028	0.020	0.018	0.071
24	0.023	0.023	0.050	0.031	0.030	0.027	0.127
25	0.028	off	off	0.040	0.052	0.040	0.101
26	off	0.044	0.043	0.037	0.029	0.030	0.044
27	0.030	off	off	0.034	0.033	0.032	0.047
28	off	off	off	0.035	0.030	0.031	0.043
29	0.033	0.033	off	0.036	off	off	0.060
30	0.020	0.022	0.021	0.021	0.021	0.020	0.073
31	0.022	0.021	0.020	0.021	off	0.021	0.062

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE ² triggers	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	Notes:	
Notes:		PRINTED NAME: Justin K. Biess	DATE: 9/11/2022
Notes:		SIGNATURE: <i>[Signature]</i>	CERT #: 6997
Notes:		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: Aug-22

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	1300	0.93	567	527.31	23.0	7.58	9.8	YES	504
2	850	0.92	567	521.64	22.2	7.60	10.4	YES	369
3	930	1.01	567	572.67	21.2	7.62	11.3	YES	230
4	1000	0.74	567	419.58	21.0	7.62	11.1	YES	299
5	1300	0.78	567	442.26	22.4	7.66	10.3	YES	546
6	100	0.99	567	561.33	21.0	7.63	11.5	YES	251
7	1300	0.95	567	538.65	22.0	7.62	10.7	YES	217
8	830	0.96	567	544.32	20.8	7.61	11.5	YES	215
9	1300	0.89	567	504.63	20.1	7.61	12.0	YES	495
10	800	0.85	567	481.95	21.0	7.58	11.1	YES	277
11	400	0.82	567	464.94	21.00	7.58	11.1	YES	279
12	900	0.72	567	408.24	20.40	7.62	11.6	YES	538
13	1100	1.06	567	601.02	20.10	7.58	12.1	YES	548
14	1100	1.02	567	578.34	20.20	7.62	12.1	YES	251
15	1030	0.82	567	464.94	20.90	7.61	11.3	YES	290
16	1130	1.03	567	584.01	21.00	7.63	11.6	YES	301
17	900	0.64	567	362.88	20.60	7.61	11.3	YES	308
18	1100	0.72	567	408.24	21.60	7.59	10.5	YES	279
19	900	0.92	567	521.64	21.70	7.59	10.7	YES	214
20	1030	0.87	567	493.29	22.00	7.62	10.6	YES	228
21	1000	0.89	567	504.63	21.80	7.57	10.5	YES	250
22	1030	0.98	567	555.66	22.10	7.62	10.6	YES	292
23	1000	0.99	567	561.33	21.60	7.55	10.7	YES	311
24	900	0.86	567	487.62	21.80	7.58	10.5	YES	301
25	1100	0.92	567	521.64	22.10	7.57	10.4	YES	321
26	900	0.89	567	504.63	21.60	7.56	10.6	YES	254
27	900	0.88	567	498.96	21.50	7.45	10.3	YES	254
28	1000	0.93	567	527.31	21.10	7.52	10.9	YES	295
29	1030	0.99	567	561.33	21.10	7.62	11.4	YES	305
30	1100	0.87	567	493.29	20.70	7.45	10.8	YES	299
31	1300	0.82	567	464.94	21.60	7.59	10.7	YES	361

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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Return by 10th of following month by email, fax, or mail to:
dwp.dmcce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350