

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County:

Yamhill

Conventional or Direct Filtration

Month/Year:

Sep-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	0.021	0.021	0.022	0.020	0.020	0.059
2	0.020	0.020	off	0.028	0.020	0.020	0.047
3	off	0.020	0.020	0.020	0.024	0.020	0.051
4	0.021	0.020	off	0.020	off	0.022	0.047
5	0.022	0.020	0.020	0.022	0.020	0.025	0.049
6	0.020	0.020	off	0.039	0.032	0.030	0.053
7	0.030	0.030	0.034	0.030	0.030	0.031	0.037
8	0.031	off	off	off	0.044	0.040	0.055
9	0.031	0.032	0.032	0.030	0.030	0.030	0.041
10	off	off	0.035	0.035	off	0.035	0.042
11	0.035	0.031	0.030	0.030	0.031	0.031	0.042
12	off	0.032	0.032	0.031	0.030	0.030	0.040
13	0.031	0.030	0.031	0.030	0.032	0.030	0.042
14	0.031	off	0.031	0.022	0.020	0.030	0.048
15	0.021	0.023	0.023	off	0.020	0.020	0.073
16	0.023	0.021	0.021	0.021	0.020	off	0.067
17	off	0.023	0.020	0.036	0.021	0.021	0.068
18	off	off	0.025	0.020	0.020	0.026	0.062
19	0.020	0.020	0.026	0.037	0.034	off	0.046
20	off	off	0.041	0.035	0.042	0.048	0.087
21	0.054	0.048	0.061	off	0.046	0.036	0.087
22	0.034	0.041	0.094	0.036	0.052	0.049	0.095
23	off	off	off	0.043	0.044	0.033	0.074
24	0.030	0.041	off	off	off	off	0.077
25	0.065	0.041	0.050	0.103	0.032	0.029	0.106
26	0.044	0.033	0.036	0.031	0.041	off	0.055
27	off	0.036	0.033	0.041	0.037	off	0.061
28	off	off	0.048	0.035	0.035	0.045	0.070
29	off	0.035	0.053	0.044	0.055	off	0.064
30	off	off	0.140	0.034	0.034	0.032	0.145
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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)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> 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:		PRINTED NAME: Justin R. Rysse	
		SIGNATURE: <i>Justin R. Rysse</i>	DATE: 10/31/2022
		PHONE #: (503) 437 7603	CERT #: 6897

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: Sep-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	900	0.85	567	481.95	20.2	7.59	11.8	YES	339
2	1200	0.77	567	436.59	21.0	7.60	11.1	YES	216
3	900	0.77	567	436.59	20.7	7.63	11.4	YES	490
4	830	0.73	567	413.91	19.2	7.57	12.3	YES	345
5	830	0.77	567	436.59	20.4	7.56	11.4	YES	241
6	930	0.78	567	442.26	20.6	7.62	11.5	YES	296
7	900	0.84	567	476.28	20.2	7.58	11.7	YES	316
8	900	0.76	567	430.92	19.1	7.62	12.7	YES	300
9	900	0.88	567	498.96	19.1	7.65	13.0	YES	231
10	900	1.06	567	601.02	19.9	7.62	12.4	YES	323
11	1300	1.08	567	612.36	19.10	7.45	12.3	YES	314
12	900	0.88	567	498.96	19.30	7.61	12.6	YES	436
13	830	0.95	567	538.65	19.50	7.58	12.4	YES	276
14	930	0.99	567	561.33	19.10	7.60	12.9	YES	546
15	800	0.90	567	510.3	19.10	7.58	12.7	YES	403
16	830	0.85	567	481.95	18.50	7.61	13.3	YES	261
17	900	0.88	567	498.96	18.40	7.58	13.3	YES	246
18	830	0.83	567	470.61	18.60	7.58	13.0	YES	353
19	800	0.83	567	470.61	17.90	7.53	13.4	YES	323
20	1300	0.83	567	470.61	19.50	7.60	12.4	YES	345
21	1300	0.85	567	481.95	19.40	7.60	12.5	YES	240
22	900	0.83	567	470.61	17.90	7.60	13.7	YES	314
23	930	0.80	567	453.6	17.60	7.56	13.8	YES	744
24	930	0.84	567	476.28	17.10	7.45	13.7	YES	288
25	1100	0.81	567	459.27	17.00	7.43	13.7	YES	272
26	800	0.77	567	436.59	17.00	7.46	13.8	YES	283
27	830	0.75	567	425.25	17.30	7.45	13.4	YES	434
28	730	0.69	567	391.23	17.10	7.46	13.6	YES	309
29	800	0.77	567	436.59	16.90	7.48	14.0	YES	371
30	630	0.72	567	408.24	17.10	7.69	14.8	YES	308
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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