

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County:

Yamhill

Conventional or Direct Filtration

Month/Year:

Nov-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 <sup>1</sup> [NTU]
1	0.025	0.032	off	off	0.025	0.021	0.088
2	0.021	0.020	0.032	0.023	0.021	off	0.033
3	off	off	0.020	0.019	0.018	0.019	0.061
4	0.018	0.017	off	off	0.026	0.030	0.225
5	off	off	0.044	0.032	0.027	0.091	0.291
6	0.037	0.031	0.029	0.104	0.040	0.047	0.204
7	0.029	off	0.103	0.050	0.022	0.022	0.078
8	0.021	0.021	off	0.020	0.020	0.022	0.131
9	0.021	0.025	0.021	0.021	off	0.023	0.045
10	off	off	off	0.029	0.025	0.024	0.126
11	off	off	off	0.029	0.024	0.022	0.110
12	0.040	0.024	off	off	0.058	0.024	0.195
13	0.021	off	0.027	off	off	off	0.084
14	0.057	0.057	0.022	0.020	0.042	0.024	0.050
15	off	off	0.020	off	0.026	0.021	0.084
16	0.020	0.026	off	0.024	off	off	0.195
17	off	0.060	0.027	0.036	0.019	0.063	0.270
18	0.025	off	off	0.033	0.022	0.034	0.172
19	0.024	0.076	0.026	off	off	0.036	0.094
20	0.031	0.025	0.026	off	off	0.036	0.094
21	0.031	0.025	0.026	0.019	0.019	0.124	0.236
22	off	off	0.023	0.020	0.036	0.018	0.186
23	0.143	off	0.051	off	0.095	0.061	0.300
24	0.029	0.029	0.027	0.069	0.026	0.024	0.082
25	0.035	off	off	0.032	0.024	off	0.076
26	off	0.020	0.028	0.023	0.032	0.023	0.076
27	off	off	0.023	0.036	0.024	off	0.072
28	0.019	0.026	0.029	0.032	0.024	off	0.065
29	off	off	0.077	0.035	0.041	0.037	0.258
30	0.026	off	0.024	0.037	0.046	0.089	0.261
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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	CT's met everyday? (see back)	All Cl <sub>2</sub> 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 <sup>2</sup> triggers	Yes / No		

Notes:	PRINTED NAME: Justin R. Riggs
	SIGNATURE: Justin R. Riggs DATE: 12/1/2022
	PHONE #: 503 437 7003 CERT #: 6997

<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Eff. (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: Nov-22

Disinfection  
Giardia Log  
Inactiv: 0.5

Date / Time	Residual at 1st User ( C ) <sub>3</sub>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow	
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]	
1	630	0.81	567	459.27	14.4	7.57	17.1	YES	285
2	700	0.96	567	544.32	13.3	7.62	19.1	YES	494
3	630	0.61	567	345.87	13.0	7.63	18.8	YES	352
4	930	0.81	567	459.27	12.2	7.62	20.3	YES	364
5	1300	0.99	567	561.33	10.4	7.59	23.1	YES	295
6	1000	0.85	567	481.95	10.4	7.45	21.6	YES	268
7	1000	0.72	567	408.24	10.9	7.34	19.8	YES	307
8	700	0.75	567	425.25	10.1	7.35	21.1	YES	300
9	800	1.11	567	629.37	10.6	7.46	22.1	YES	345
10	1030	1.14	567	646.38	10.5	7.52	22.8	YES	537
11	930	1.08	567	612.36	10.60	7.55	22.7	YES	453
12	530	1.02	567	578.34	10.20	7.58	23.4	YES	303
13	530	0.98	567	555.66	10.00	7.55	23.3	YES	258
14	630	0.86	567	487.62	10.90	7.55	21.7	YES	323
15	700	0.89	567	504.063	11.60	7.58	21.0	YES	461
16	930	0.77	567	436.59	8.70	7.52	24.6	YES	301
17	930	0.87	567	493.29	8.50	7.55	25.5	YES	406
18	900	0.92	567	521.64	7.80	7.51	26.5	YES	387
19	900	1.00	567	567	6.40	7.55	29.8	YES	353
20	1000	1.03	567	584.01	6.20	7.68	31.8	YES	419
21	830	0.96	567	544.32	10.50	7.57	22.7	YES	412
22	830	1.05	567	595.35	6.80	7.64	30.1	YES	401
23	800	0.98	567	555.66	7.70	7.60	27.7	YES	349
24	900	0.89	567	504.63	8.30	7.66	26.9	YES	339
25	900	0.76	567	430.92	8.50	7.60	25.6	YES	294
26	900	0.76	567	430.92	8.20	7.62	26.3	YES	331
27	900	0.77	567	436.59	9.60	7.60	23.8	YES	448
28	900	0.75	567	425.25	8.90	7.58	24.7	YES	344
29	1100	0.74	567	419.58	9.90	7.56	22.9	YES	334
30	900	0.69	567	391.23	8.30	7.54	25.2	YES	335
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<sup>3</sup> If Cl<sub>2</sub> 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