

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill

Conventional or Direct Filtration

Month/Year: Dec-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	0.037	0.268	off	0.037	0.028	0.024	0.231
2	0.024	0.022	0.022	0.043	0.029	0.024	0.065
3	0.024	0.022	0.023	off	0.028	0.024	0.053
4	0.022	off	off	off	0.025	0.024	0.074
5	0.020	off	off	0.044	0.029	off	0.109
6	off	off	0.029	0.024	0.021	0.019	0.086
7	0.021	0.019	0.019	0.022	0.019	0.017	0.086
8	0.022	0.019	0.017	0.025	0.023	0.036	0.242
9	0.041	off	0.060	0.039	0.033	off	0.291
10	0.028	0.049	off	off	0.035	off	0.145
11	off	off	off	0.027	0.025	0.026	0.252
12	0.022	0.026	0.021	0.026	0.022	0.028	0.052
13	0.020	0.027	0.021	0.020	0.022	off	0.059
14	off	0.017	0.018	0.021	0.018	0.018	0.060
15	0.027	off	off	0.018	0.020	0.017	0.052
16	0.021	0.017	0.018	0.019	off	off	0.028
17	0.019	0.018	0.023	0.019	0.018	off	0.032
18	off	off	0.023	0.019	0.019	0.027	0.051
19	0.020	0.019	0.026	0.017	0.017	off	0.109
20	0.095	0.020	0.018	0.017	0.021	0.017	0.132
21	0.019	off	off	0.023	0.019	0.019	0.078
22	0.024	0.019	0.019	0.071	0.039	0.041	0.026
23	off	off	0.020	off	0.024	0.025	0.055
24	0.021	0.020	0.020	0.020	0.026	0.025	0.071
25	off	off	0.024	0.022	0.021	0.020	0.026
26	0.020	0.021	0.027	0.026	0.022	0.020	0.058
27	0.021	off	off	0.056	off	0.026	0.213
28	off	0.024	0.021	0.027	off	0.034	0.235
29	0.023	0.023	0.022	0.048	0.031	0.024	0.255
30	0.094	off	0.031	0.022	0.021	0.020	0.167
31	0.025	0.022	off	off	0.035	0.019	0.118

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 L. Kagan	DATE: 1/3/2023
SIGNATURE: [Signature]	CERT #: 6997
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

System Name: City of Willamina	ID#: 41	00953	Month/Year: Dec-22	Disinfection Giardia Log Inactive:	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	1030	0.75	567	425.25	11.1	7.43	20.3	YES	399
2	830	0.82	567	464.94	7.5	7.51	26.7	YES	260
3	1100	0.99	567	561.33	7.3	7.54	27.9	YES	281
4	1030	0.92	567	521.64	7.4	7.56	27.7	YES	315
5	1030	1.13	567	640.71	9.8	7.53	23.9	YES	339
6	1100	0.97	567	549.99	9.6	7.49	23.4	YES	343
7	900	0.92	567	521.64	9.1	7.56	24.7	YES	410
8	900	0.93	567	527.31	9.7	7.51	23.3	YES	335
9	830	0.86	567	487.62	8.0	7.45	25.4	YES	392
10	930	0.85	567	481.95	9.3	7.45	23.3	YES	411
11	930	0.80	567	453.6	8.70	7.45	24.1	YES	380
12	800	0.90	567	510.3	8.70	7.40	23.9	YES	330
13	830	0.98	567	555.66	9.40	7.53	24.1	YES	344
14	900	0.97	567	549.99	8.60	7.41	24.4	YES	306
15	1300	0.86	567	487.62	8.30	7.45	24.9	YES	380
16	830	0.82	567	464.94	9.60	7.46	22.8	YES	342
17	1030	0.87	567	493.29	6.70	7.49	28.1	YES	331
18	1030	0.90	567	510.3	6.90	7.54	28.4	YES	380
19	800	0.95	567	538.65	8.10	7.60	26.9	YES	457
20	900	0.97	567	549.99	7.90	7.62	27.5	YES	396
21	1000	0.87	567	493.29	7.40	7.44	26.4	YES	402
22	830	0.93	567	527.31	7.40	7.40	26.2	YES	487
23	1030	0.90	567	510.3	7.40	7.35	25.6	YES	436
24	1300	0.89	567	504.63	7.90	7.45	25.6	YES	621
25	800	0.79	567	447.93	5.50	7.50	30.3	YES	534
26	830	0.85	567	481.95	7.40	7.41	26.0	YES	422
27	800	0.71	567	402.57	7.60	7.48	25.9	YES	395
28	130	0.81	567	459.27	9.60	7.29	21.5	YES	356
29	930	0.90	567	510.3	9.60	7.28	21.6	YES	383
30	830	0.97	567	549.99	9.70	7.37	22.3	YES	337
31	830	0.80	567	453.6	8.40	7.43	24.4	YES	422

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