

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County:

Yamhill

Conventional or Direct Filtration

Month/Year:

Jan-23

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	0.021	0.020	0.019	0.029	0.020	0.020	0.083
2	0.021	0.020	0.019	0.026	0.019	0.020	0.044
3	0.020	0.019	0.019	0.024	0.020	0.019	0.133
4	0.020	0.019	0.018	0.019	0.020	0.022	0.046
5	off	off	0.021	0.021	0.022	0.020	0.064
6	0.020	off	off	0.022	0.021	off	0.043
7	off	off	0.021	0.020	0.020	0.020	0.032
8	off	off	off	0.019	off	off	0.053
9	off	0.046	off	0.031	0.021	0.019	0.216
10	0.019	0.018	off	0.020	0.019	0.018	0.044
11	0.019	0.019	off	0.021	0.018	0.019	0.044
12	off	off	off	0.022	0.020	0.019	0.028
13	0.019	0.020	0.028	0.020	0.019	off	0.028
14	off	off	off	off	0.022	0.020	0.103
15	0.019	off	0.018	0.022	0.020	0.018	0.200
16	off	0.019	0.019	0.026	0.021	0.018	0.200
17	0.019	0.019	0.019	off	0.020	0.018	0.044
18	off	off	0.019	0.019	0.019	0.019	0.078
19	0.018	0.019	0.019	0.020	0.018	0.022	0.054
20	0.020	0.019	0.027	0.019	0.017	0.021	0.077
21	0.017	off	off	0.019	0.017	0.017	0.060
22	0.019	0.017	0.023	off	off	off	0.070
23	0.017	0.017	0.019	0.017	0.017	0.019	0.061
24	0.017	0.018	0.019	0.017	off	off	0.067
25	0.019	0.023	0.018	0.018	0.021	0.019	0.076
26	0.019	0.021	0.019	0.019	0.021	0.017	0.066
27	0.017	0.024	0.017	0.017	0.025	0.019	0.021
28	0.018	0.018	0.017	0.018	0.017	0.021	0.030
29	off	off	0.019	0.017	0.022	0.017	0.077
30	0.017	0.022	0.019	0.021	0.020	0.021	0.073
31	0.019	0.019	0.021	0.019	0.017	0.021	0.051

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	PRINTED NAME: <i>Justin R. Higgs</i> SIGNATURE: <i>[Signature]</i> DATE: <i>2/1/2023</i> PHONE #: <i>(503) 876 2242</i> CERT #: <i>6997</i>	
Notes:			

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: Jan-23

Disinfection Giardia Log Inactiv: 0.5

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 1030	0.87	567	493.29	8.4	7.43	24.6	YES	419
2 1030	0.95	567	538.65	9.1	7.45	23.8	YES	427
3 900	0.98	567	555.66	9.8	7.48	23.1	YES	428
4 1300	0.86	567	487.62	10.2	7.46	22.0	YES	480
5 900	0.85	567	481.95	10.2	7.42	21.7	YES	381
6 930	0.82	567	464.94	10.0	7.44	22.0	YES	293
7 800	0.83	567	470.61	10.2	7.40	21.5	YES	273
8 930	0.79	567	447.93	10.9	7.40	20.4	YES	305
9 930	0.76	567	430.92	9.7	7.30	21.3	YES	345
10 1000	0.75	567	425.25	9.8	7.34	21.4	YES	338
11 930	0.75	567	425.25	10.20	7.62	23.0	YES	370
12 1100	0.75	567	425.25	12.34	7.57	19.6	YES	260
13 930	0.78	567	442.26	11.30	7.51	20.7	YES	316
14 1100	0.76	567	430.92	8.70	7.40	23.5	YES	249
15 1000	0.74	567	419.58	8.90	7.44	23.5	YES	237
16 945	0.77	567	436.59	9.20	7.47	23.4	YES	322
17 1100	0.91	567	515.97	12.80	7.57	19.3	YES	323
18 900	0.87	567	493.29	10.70	7.57	22.2	YES	370
19 1030	0.90	567	510.3	11.20	7.54	21.3	YES	276
20 900	0.87	567	493.29	11.50	7.63	21.5	YES	430
21 930	0.70	567	396.9	9.90	7.50	22.4	YES	390
22 900	0.87	567	493.29	9.60	7.61	24.2	YES	445
23 830	0.86	567	487.62	9.20	7.46	23.5	YES	489
24 830	0.91	567	515.97	9.40	7.56	24.2	YES	356
25 830	0.94	567	532.98	9.50	7.52	23.8	YES	470
26 800	0.90	567	510.3	9.60	7.47	23.1	YES	399
27 930	0.89	567	504.63	9.80	7.46	22.7	YES	477
28 830	0.68	567	385.56	7.90	7.56	26.0	YES	398
29 930	0.90	567	510.3	8.30	7.51	25.5	YES	537
30 900	0.90	567	510.3	7.80	7.54	26.7	YES	466
31 800	0.88	567	498.96	7.50	7.68	28.6	YES	549

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