

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill

Conventional or Direct Filtration

Month/Year: Mar-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	0.022	0.020	0.020	0.018	off	0.018	0.026
2	0.018	0.018	0.062	0.021	0.019	off	0.084
3	0.019	0.019	0.017	0.021	0.019	0.019	0.078
4	0.022	0.019	0.017	off	off	off	0.069
5	off	off	off	0.028	0.026	0.026	0.070
6	0.018	0.019	0.018	0.037	0.020	0.019	0.048
7	off	0.018	0.020	0.027	0.022	0.020	0.039
8	0.018	0.018	0.018	off	0.020	0.020	0.035
9	0.018	0.018	0.018	0.018	0.025	0.022	0.040
10	0.020	0.020	off	0.028	0.022	0.020	0.065
11	off	off	off	0.032	0.022	0.020	0.032
12	0.018	0.018	0.018	0.022	0.020	0.018	0.027
13	0.018	0.018	0.018	off	0.020	0.018	0.045
14	0.018	off	0.018	off	0.022	0.018	0.045
15	0.018	off	0.018	0.026	0.020	0.018	0.028
16	0.019	0.018	0.018	0.022	0.020	0.019	0.025
17	0.019	0.019	0.019	0.022	0.020	0.019	0.038
18	0.018	0.019	0.018	0.029	0.020	0.020	0.048
19	0.027	0.020	off	0.020	0.029	0.020	0.024
20	off	0.020	0.020	0.023	0.020	0.018	0.028
21	off	0.020	0.020	0.018	0.020	0.018	0.066
22	0.018	0.022	0.019	0.018	0.042	off	0.065
23	0.034	off	0.024	off	0.039	0.028	0.047
24	0.022	0.022	off	0.034	0.038	off	0.147
25	0.023	0.049	0.032	0.027	0.083	0.021	0.143
26	0.020	0.019	0.019	0.018	0.021	0.020	0.100
27	0.020	0.019	0.019	0.017	0.024	off	0.118
28	0.098	0.027	0.021	0.021	off	0.026	0.066
29	0.024	0.021	0.024	0.023	0.020	0.023	0.047
30	0.021	off	0.023	0.020	0.026	0.024	0.043
31	0.024	off	off	0.022	0.020	0.047	0.113

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 R. Naggs		
	SIGNATURE: <i>J. R. Naggs</i>		DATE: 4/3/2023
	PHONE #: (503) 437 7003		CERT #: 647

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:	Mar-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	900	0.74	100	74	8.7	7.62	25.4	YES	425
2	900	0.76	100	76	6.6	7.48	27.9	YES	486
3	1000	0.75	100	75	6.5	7.53	28.5	YES	414
4	1000	0.83	100	83	8.0	7.64	27.1	YES	410
5	930	0.84	100	84	8.8	7.64	25.7	YES	377
6	1000	0.84	100	84	8.4	7.62	26.2	YES	497
7	1000	0.82	100	82	8.7	7.53	24.8	YES	433
8	1000	0.85	100	85	8.5	7.45	24.5	YES	560
9	1330	0.93	100	93	8.7	7.40	24.0	YES	442
10	1100	0.92	100	92	7.9	7.41	25.4	YES	454
11	900	1.00	100	100	7.80	7.45	26.1	YES	411
12	830	1.06	100	106	8.10	7.45	25.8	YES	410
13	1000	0.98	100	98	10.20	7.58	23.3	YES	508
14	930	1.04	100	104	10.00	7.52	23.3	YES	570
15	1000	0.99	100	99	8.50	7.53	25.6	YES	432
16	900	0.93	100	93	9.20	7.49	24.0	YES	465
17	900	0.92	100	92	9.70	7.37	22.2	YES	396
18	100	0.93	100	93	10.50	7.45	21.7	YES	470
19	930	0.95	100	95	10.70	7.49	21.7	YES	391
20	930	0.87	100	87	9.70	7.39	22.2	YES	424
21	800	0.85	100	85	9.80	7.45	22.5	YES	466
22	730	1.06	100	106	11.10	7.50	21.5	YES	382
23	1000	1.03	100	103	10.60	7.67	23.5	YES	587
24	1100	0.95	100	95	8.80	7.69	26.5	YES	499
25	600	0.87	100	87	8.00	7.51	26.0	YES	376
26	1200	0.93	100	93	8.60	7.59	25.8	YES	330
27	1300	0.98	100	98	10.40	7.69	23.9	YES	427
28	900	0.96	100	96	10.30	7.52	22.6	YES	381
29	930	0.88	100	88	8.50	7.43	24.4	YES	294
30	900	0.89	100	89	8.70	7.49	24.7	YES	356
31	900	1.11	100	111	9.40	7.48	24.0	YES	251

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.dmc@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350