

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill

Conventional or Direct Filtration

Month/Year: May-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	off	0.020	0.044	0.027	0.022	0.022	0.171
2	0.020	off	off	0.026	0.020	off	0.077
3	0.022	0.020	off	off	off	0.049	0.133
4	0.022	0.026	0.022	0.024	0.025	0.032	0.057
5	0.024	0.022	0.041	off	off	0.046	0.105
6	0.022	0.030	0.024	0.029	0.024	0.020	0.046
7	off	off	off	0.037	0.022	0.020	0.046
8	0.024	0.024	0.029	off	0.021	0.022	0.160
9	0.026	0.026	0.024	0.026	0.023	off	0.113
10	off	0.023	0.026	0.023	0.026	0.020	0.250
11	0.021	off	off	0.026	0.033	0.024	0.300
12	off	off	0.023	0.021	0.022	0.020	0.045
13	0.028	0.022	0.020	0.024	0.020	0.033	0.064
14	0.022	off	off	0.021	0.024	0.022	0.086
15	0.020	0.020	0.020	off	0.024	0.023	0.072
16	off	0.033	0.022	0.021	0.024	0.021	0.083
17	0.022	0.062	0.022	0.022	0.042	0.034	0.130
18	0.042	0.019	0.017	0.017	0.017	0.017	0.222
19	0.019	0.018	off	0.018	off	off	0.053
20	0.019	0.017	0.020	0.017	0.017	0.018	0.057
21	0.017	off	off	0.017	0.017	0.016	0.036
22	off	0.019	0.021	0.021	0.019	0.017	0.121
23	0.017	off	off	0.026	0.018	0.016	0.058
24	0.021	0.017	off	0.019	0.017	0.016	0.037
25	0.025	0.020	off	0.021	0.020	0.020	0.052
26	0.020	0.024	0.021	off	0.020	0.021	0.051
27	0.021	off	off	0.019	0.021	0.019	0.060
28	0.019	0.020	0.019	0.019	0.021	0.019	0.052
29	0.019	off	0.017	0.021	0.016	0.016	0.051
30	off	off	0.016	0.027	0.019	0.017	0.047
31	off	0.017	0.017	0.019	0.017	0.017	0.048

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. Riggs
	SIGNATURE: <i>Justin R. Riggs</i> DATE: 6/21/2023
	PHONE #: (503) 437-7003 CERT #: 6557

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:	May-23	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	1030	0.75	100	75	12.9	7.79	20.4	YES	233
2	1100	1.05	100	105	13.3	7.70	19.9	YES	280
3	930	1.11	100	111	12.8	7.72	20.8	YES	421
4	900	1.08	100	108	13.4	7.75	20.2	YES	394
5	1030	0.89	100	89	14.1	7.63	18.0	YES	309
6	1000	0.88	100	88	12.9	7.58	19.2	YES	192
7	1000	0.96	100	96	12.3	7.59	20.3	YES	240
8	830	1.01	100	101	13.8	7.55	18.1	YES	393
9	830	0.99	100	99	13.5	7.58	18.6	YES	280
10	830	1.00	100	100	13.9	7.59	18.2	YES	334
11	1030	1.01	100	101	14.90	7.58	17.0	YES	306
12	800	0.99	100	99	15.10	7.58	16.8	YES	199
13	830	1.01	100	101	15.40	7.58	16.5	YES	253
14	900	0.88	100	88	16.60	7.58	15.0	YES	261
15	1030	0.92	100	92	17.70	7.60	14.1	YES	367
16	900	0.93	100	93	18.00	7.61	13.9	YES	370
17	800	0.96	100	96	17.80	7.58	13.9	YES	294
18	800	0.96	100	96	18.00	7.56	13.7	YES	291
19	830	0.93	100	93	16.30	7.60	15.5	YES	184
20	900	0.90	100	90	17.20	7.53	14.2	YES	335
21	930	0.84	100	84	17.20	7.52	14.0	YES	224
22	930	0.84	100	84	16.60	7.56	14.8	YES	316
23	830	0.81	100	81	15.70	7.55	15.6	YES	271
24	1100	0.86	100	86	15.70	7.69	16.5	YES	446
25	1030	0.89	100	89	16.20	7.60	15.5	YES	323
26	730	0.91	100	91	15.90	7.59	15.8	YES	226
27	830	0.83	100	83	15.80	7.61	15.9	YES	252
28	830	0.84	100	84	16.80	7.62	14.9	YES	438
29	800	0.82	100	82	17.00	7.61	14.6	YES	295
30	1230	0.83	100	83	16.30	7.62	15.4	YES	335
31	830	0.77	100	77	16.20	7.65	15.6	YES	486

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