

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County:

Yamhill

Conventional or Direct Filtration

Month/Year:

Jun-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	0.017	0.017	0.017	0.017	0.017	0.016	0.053
2	0.016	0.019	0.017	0.017	0.020	0.016	0.025
3	0.016	0.023	0.019	0.018	0.022	0.017	0.026
4	0.017	0.023	0.019	0.018	off	off	0.024
5	off	off	0.019	0.023	0.019	0.019	0.085
6	0.024	0.019	0.019	off	0.019	0.017	0.046
7	off	0.020	0.019	0.019	0.021	0.017	0.037
8	0.017	0.022	0.019	0.019	0.021	0.017	0.095
9	0.017	0.022	off	0.019	0.019	off	0.185
10	off	0.018	0.020	0.017	0.017	0.019	0.017
11	0.017	0.017	0.019	0.055	0.032	0.029	0.075
12	off	0.026	0.027	0.026	0.032	0.023	0.096
13	0.025	off	0.021	off	off	0.027	0.103
14	0.022	0.022	0.021	0.024	0.022	0.018	0.216
15	0.018	0.023	0.019	0.020	0.028	0.019	0.046
16	0.019	0.019	0.021	0.021	0.019	0.021	0.085
17	0.019	0.019	0.024	0.020	0.019	off	0.044
18	0.044	0.018	0.021	0.021	off	0.019	0.082
19	0.021	0.019	0.019	0.027	off	off	0.159
20	off	off	0.020	0.019	0.025	0.019	0.053
21	0.019	0.019	0.021	0.019	0.017	0.019	0.058
22	0.019	0.019	0.078	0.021	0.019	0.017	0.057
23	0.021	0.019	0.019	off	0.020	0.019	0.039
24	0.019	0.019	0.019	0.019	0.019	0.017	0.065
25	0.017	0.019	0.019	0.019	0.019	0.019	0.059
26	0.019	0.020	0.019	0.020	0.019	off	0.075
27	0.019	0.019	0.021	0.020	0.019	0.021	0.049
28	0.019	0.019	0.019	0.021	0.021	0.019	0.047
29	0.019	0.019	0.021	0.024	0.019	0.021	0.151
30	0.023	0.020	0.021	0.025	0.023	0.023	0.157
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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 4-hour turbidity readings ≤ 1 NTU?	Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l?
All turbidity readings < IFE ² triggers	Yes / No	
Notes:	PRINTED NAME: <i>Cristina N. Kress</i>	DATE: <i>7/6/2023</i>
	SIGNATURE: <i>[Signature]</i>	CERT #: <i>6497</i>
	PHONE #: <i>(503) 837 9003</i>	

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: Jun-23

Disinfection
Giardia Log
Inactiv:

0.5

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	0.88	100	88	15.9	7.64	16.0	YES	591
2	900	0.82	100	82	15.5	7.57	15.9	YES	665
3	1100	0.77	100	77	15.6	7.75	16.8	YES	221
4	1000	0.72	100	72	17.1	7.66	14.6	YES	240
5	930	0.57	100	57	16.1	7.75	15.9	YES	470
6	900	1.12	100	112	17.0	7.73	15.8	YES	455
7	1000	0.98	100	98	17.8	7.78	15.1	YES	210
8	800	1.18	100	118	16.7	7.83	16.9	YES	374
9	1200	1.19	100	119	17.1	7.85	16.6	YES	327
10	700	1.21	100	121	16.9	7.72	16.0	YES	472
11	1000	0.91	100	91	17.10	7.57	14.5	YES	406
12	1000	0.83	100	83	17.90	7.71	14.3	YES	470
13	1000	0.87	100	87	19.30	7.66	12.9	YES	437
14	800	0.93	100	93	18.20	7.67	14.0	YES	282
15	1100	0.99	100	99	17.60	7.59	14.2	YES	323
16	830	1.01	100	101	17.60	7.69	14.8	YES	245
17	830	1.02	100	102	17.60	7.74	15.1	YES	640
18	1000	0.84	100	84	17.20	7.69	14.9	YES	219
19	800	1.08	100	108	16.50	7.66	15.9	YES	290
20	930	1.01	100	101	16.50	7.57	15.2	YES	282
21	930	1.03	100	103	15.90	7.66	16.4	YES	306
22	1000	1.05	100	105	16.90	7.65	15.4	YES	406
23	1300	0.99	100	99	18.50	7.63	13.6	YES	277
24	830	0.96	100	96	17.60	7.65	14.5	YES	212
25	800	0.89	100	89	18.10	7.64	13.9	YES	418
26	800	0.89	100	89	18.70	7.68	13.5	YES	444
27	830	0.90	100	90	18.20	7.62	13.7	YES	634
28	800	0.85	100	85	19.00	7.64	13.0	YES	570
29	900	0.89	100	89	17.50	7.67	14.6	YES	634
30	1000	1.04	100	104	20.50	7.64	12.0	YES	762
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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