

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill

Conventional or Direct Filtration

Month/Year: Jul-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 <sup>1</sup> [NTU]
1	0.022	0.022	0.022	0.025	0.022	0.020	0.049
2	0.023	0.022	0.024	0.025	0.022	0.022	0.061
3	0.025	0.022	off	0.022	0.022	0.022	0.049
4	0.022	0.021	0.024	0.022	0.022	0.022	0.035
5	0.022	0.020	0.025	0.022	0.022	0.024	0.101
6	0.022	off	off	0.022	0.024	0.022	0.099
7	0.022	0.024	0.024	0.022	0.024	0.021	0.053
8	off	0.020	0.022	0.024	0.022	0.020	0.084
9	0.032	0.022	0.022	off	off	0.021	0.069
10	0.022	0.010	0.022	0.022	0.022	0.021	0.092
11	0.022	0.021	off	0.022	0.021	0.022	0.045
12	0.021	0.022	0.022	0.022	0.022	0.021	0.061
13	0.020	0.021	0.024	0.022	0.022	0.023	0.052
14	off	off	0.024	0.023	0.023	0.024	0.040
15	0.022	0.022	0.027	0.023	0.022	off	0.039
16	0.022	0.022	off	0.023	0.022	off	0.039
17	0.022	0.022	off	0.020	0.019	0.019	0.167
18	0.017	0.019	0.017	0.020	0.017	0.018	0.126
19	0.018	0.017	off	0.021	off	0.029	0.069
20	0.019	0.017	0.019	0.017	0.017	0.019	0.045
21	0.017	0.017	0.019	0.017	0.017	0.017	0.062
22	0.018	0.018	off	0.017	0.017	0.020	0.059
23	off	off	0.019	0.019	0.019	0.023	0.101
24	0.017	0.021	0.019	0.017	0.029	0.022	0.048
25	0.019	off	off	0.017	0.019	0.017	0.096
26	0.019	0.020	0.019	0.017	0.021	0.017	0.074
27	0.018	0.017	0.036	0.020	0.020	0.028	0.154
28	0.020	0.021	0.023	0.021	0.021	0.025	0.057
29	0.019	0.019	off	0.019	off	off	0.038
30	0.022	0.028	0.023	0.022	off	0.022	0.071
31	0.023	0.021	0.019	0.025	0.020	0.020	0.060

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
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 <sup>2</sup> triggers	Yes / No		
<b>Notes:</b>		PRINTED NAME: Justin R. Bliss	
		SIGNATURE: <i>[Signature]</i>	
		DATE: 8/1/2023	
		PHONE #: 503-876-XXXX	
		CERT #: 6997	

<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Eff. (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: Jul-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? <sup>3</sup>	Peak Hourly Demand Flow	
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]	
1	1100	1.05	100	105	20.1	7.64	12.3	YES	436
2	900	0.96	100	96	20.0	7.55	11.9	YES	345
3	1100	0.98	100	98	20.8	7.66	11.8	YES	397
4	700	0.99	100	99	20.8	7.69	11.9	YES	373
5	1300	0.91	100	91	21.2	7.70	11.5	YES	695
6	1100	0.85	100	85	21.4	7.62	11.0	YES	328
7	830	0.95	100	95	21.2	7.61	11.2	YES	322
8	900	0.92	100	92	20.1	7.60	12.0	YES	335
9	900	0.97	100	97	19.3	7.54	12.4	YES	312
10	1000	0.96	100	96	20.2	7.55	11.7	YES	433
11	1300	0.93	100	93	20.80	7.66	11.7	YES	768
12	1000	0.97	100	97	20.50	7.69	12.1	YES	755
13	900	0.96	100	96	21.20	7.60	11.2	YES	1044
14	1000	0.91	100	91	21.50	7.58	10.8	YES	775
15	1000	0.96	100	96	22.00	7.58	10.5	YES	739
16	1000	0.86	100	86	22.00	7.63	10.6	YES	280
17	930	0.82	100	82	22.00	7.60	10.4	YES	434
18	930	0.89	100	89	22.00	7.52	10.2	YES	391
19	900	0.92	100	92	22.10	7.57	10.4	YES	362
20	1100	0.91	100	91	22.30	7.63	10.4	YES	408
21	930	1.10	100	110	22.30	7.66	10.8	YES	1091
22	930	0.94	100	94	22.70	7.59	10.0	YES	355
23	930	0.93	100	93	23.20	7.63	9.8	YES	230
24	945	0.91	100	91	22.20	7.60	10.4	YES	404
25	1030	0.91	100	91	22.50	7.67	10.5	YES	422
26	1300	1.00	100	100	23.10	7.68	10.2	YES	698
27	900	1.09	100	109	21.50	7.60	11.1	YES	865
28	1030	1.03	100	103	21.60	7.67	11.3	YES	889
29	830	0.98	100	98	21.10	7.63	11.4	YES	228
30	1030	0.89	100	89	21.10	7.62	11.3	YES	316
31	930	0.98	100	98	20.90	7.54	11.2	YES	598

<sup>3</sup> If Cl<sub>2</sub> 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