	County:	Yamhill							
System Name:		Conventional or Direct Filtration City of Willamina // ID#: 41					Month/Year: WTP : TP -	Oct-23	
Day	12 AM	4 AM	8 AM	NOON	00953 4 PM	8 PM	Highest Readin	A T of the Day <sup>1</sup>	
Day	[NTU]	[NTU]	[NTU]	[NTU]	[NTU]	[NTU]	[NT		
1	0.024	0.024	0.024	0.024	0.024	0.068	0.099		
2	0.023	0.023	off	0.027	0.023	0.023	0.073		
3	0.029	0.023	off	off	off	off	0.058		
4	off	off	off	0.023	0.021	0.042	0.075		
5	0.023	0.021	0.021	off	0.037	0.029	0.128		
6	0.027	0.024	off	off	0.029	0.028	0.048		
7	0.027	0.027	off	0.033	0.029	0.027	0.043		
8	off	0.029	0.029	0.041	off	off	0.062		
9	off	off	0.083	0.044	0.039	0.042	0.092		
10	0.037	0.035	0.033	0.059	0.029	0.027	0.108		
11	0.027	off	off	0.043	0.071	0.031	0.131		
12	0.027	0.026	0.026	0.031	0.027	0.026	0.066		
13	0.025	off	off	0.066	0.027	0.025	0.101		
14	0.027	0.026	0.025	0.025	0.024	0.025	0.193		
15	0.023	0.023	0.023	0.023	0.041	0.052	0.143		
16	0.031	0.027	0.027	0.066	0.035	off	0.171		
17	off	0.143	off	0.033	0.027	0.027	0.103		
18	0.025	0.028	0.027	0.025	0.026	0.026	0.229		
19	0.024	off	off	off	0.029	0.027	0.042		
20	0.027	0.026	off	0.033	0.031	0.027	0.042		
21	0.027	0.026	off	0.040	0.031	0.028	0.045		
22	0.027	off	off	0.050	0.033	0.029	0.060		
23	0.027	off	off	0.031	0.027	0.025			
24	0.030	0.027	0.025	0.034	0.032	off	0.064		
25	off	off	0.049	0.034	0.030	0.027	0.210		
26	0.027	0.027	off	0.040	0.026	0.025			
27	0.024	0.024	off	0.031	0.027	0.023	0.094		
28	0.024	0.024	off	0.035	0.023	0.020	0.075		
29	0.029	0.023	0.021	0.045	0.025	0.021	0.079	Anno	
30	0.058	0.025	0.023	off	0.026	0.021	0.084		
31	0.021	0.028	0.022	0.022	0.020	0.023	0.084		
		onal or Direct F			Ϋ́Υ		y (Answer Yes or	No)	
95% of	95% of 4-hour turbidity readings ≤ 0.3 NTU?					CT's met everyday? (see back)		All Cl2 residual at entry point $\geq 0.2 \text{ mg/l}?$	
	-hour turbidity r			(Yes) No		$\bigcirc$			
	turbidity reading	gs < IFE <sup>2</sup> trigge	rs	Yes / No	(Yes	// NO	(Yes/	NO 1	
lotes:					PRINTED NAME: Justin R. Miggs				
				SIGNATURE: DATE: //			111-10		
1					PHONE #: 150		s 12 AM through 8 P	ERT #: 699	

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<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 Effl. (333-061-0040(1)(d)(B&C))

				track into the		ality Data Form		WTP - : Disinfection	A
	System Name:	City of Willamina		ID#: 41	00953	Month/Year:	Oct-23	Giardia Log Inactiv:	0.5
	Date / Time	Residual at 1st User (C) 3	Contact Time (T)	Actual CT	Temp	рН	Required CT	CT Met? 3	Peak Hourl Demand Flo
	r	[ppm or mg/L]	and the second se	CXT	[° C]		formula	Yes / No	[GPM]
1	900	1.10	100	110	15.3	7.64	17.1	YES	334
2	930	1.00	100	100	15.6	7.69	16.9	YES	759
3	600	1.00	100	100	15.7	7.64	16.5	YES	503
4	1100	1.02	100	102	15.8	7.72	16.9	YES	375
5	930	1.00	100	100	15.6	7.63	16.5	YES	880
6	900	1.14	100	114	16.1	7.68	16.5	YEŚ	673
7	1000	1.14	100	114	15.9	7.67	16.7	YES	357
8	830	1.20	100	120	16.2	7.68	16.5	YES	575
9	1030	1.02	100	102	16.6	7.65	15.6	YES	394
10	1100	1.21	100	121	16.0	7.65	16.6	YES	740
11	1300	1.14	100	114	16.50	7.69	16.2	YES	430
12	830	1.02	100	102	17.00	7.65	15.2	YES	583
13	730	1.06	100	106	14.90	7.43	16.2	YES	360
14	900	1.12	100	112	16.20	7.67	16.3	YES	406
15	900	1.17	100	117	16.70	7.60	· 15.5	YES	523
16	830	1.14	100	114	16.30	7.58	15.7	YES	759
17	900	1.07	100	107	16.50	7.63	15.7	YES	834
18	900	1.06	100	106	15.80	7.71	16.9	YES	416
19	800	1.03	100	103	14.50	7.69	18.2	YES	369
20	1000	1.14	100	114	14.90	7.69	18.0	YES	316
21	1000	1.05	100	105	15.00	7.67	17.6	YES	333
22	1000	1.20	100	120	14.30	7.61	18.3	YES	345
23	830	1.30	100	130	15.60	7.73	17.7	YES	426
24	1300	1.10	100	110	15.50	7.63	16.8	YES	811
25	1100	1.27	100	127	15.00	7.73	18.4	YES	
26	1300	1.10	100	110	14.20	7.66	18.6	YES	516
27	1115	1.14	100	114	11.70	7.54	21.2		552
28	830	1.26	100	126	13.00	7.64	20.3	YES	806
	830	1.16	100	116	12.80	7.68		YES	. 413
9	1130	1.33	100	133	12.60		20.6	YES	465
0	1000	1.31	100	131		7.66	21.5	YES	513
1		1.31 nt < 0.2 mg/l or C			12.70	7.65	20.9	YES	510

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 PAGE 2 of 2