

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Yamhill
 Month/Year: Nov-23

Conventional or Direct Filtration

WTP : TP - A

System Name:	City of Willamina			ID#: 41	00953	Highest Reading of the Day ¹ [NTU]	
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	
1	0.021	off	0.027	0.024	0.023	0.030	0.096
2	0.024	0.022	0.032	off	0.033	0.027	0.081
3	0.025	0.025	0.026	0.036	0.027	off	0.092
4	0.032	0.026	0.031	0.052	off	off	0.165
5	off	0.044	0.033	0.053	off	off	0.148
6	off	off	off	0.020	off	0.035	0.162
7	0.037	off	0.039	0.035	0.026	0.026	0.090
8	0.077	0.029	0.028	0.025	0.029	0.027	0.151
9	0.025	0.024	0.023	0.019	0.029	0.025	0.104
10	0.026	0.024	0.024	0.024	0.023	0.021	0.069
11	0.020	0.025	off	0.023	0.022	0.028	0.069
12	0.023	0.024	0.019	0.019	0.020	off	0.080
13	off	0.019	0.019	0.025	0.020	0.019	0.061
14	0.019	0.028	0.023	0.021	0.019	0.022	0.074
15	0.019	0.019	0.021	0.021	0.021	0.031	0.087
16	0.034	0.031	0.030	off	off	0.023	0.045
17	0.025	0.040	0.027	off	off	0.026	0.051
18	0.026	0.035	0.026	off	off	off	0.077
19	0.027	0.020	0.026	off	off	0.042	0.255
20	0.035	0.037	off	0.033	0.038	0.029	0.274
21	0.027	0.035	0.025	0.025	off	off	0.037
22	0.025	0.024	0.025	off	0.024	off	0.122
23	0.025	0.038	0.024	0.023	0.025	0.025	0.089
24	0.023	off	off	0.024	0.023	0.028	0.122
25	0.024	off	off	0.023	0.032	0.023	0.114
26	0.022	0.033	off	0.024	off	0.023	0.085
27	0.031	0.024	0.024	0.040	0.024	0.019	0.061
28	0.019	0.070	0.021	0.022	0.019	0.018	0.072
29	0.020	0.020	0.018	0.018	0.021	0.018	0.043
30	0.020	0.019	0.021	0.018	0.019	0.022	0.043
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<p>Conventional or Direct Filtration</p> <p>95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p>All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p>All turbidity readings < IFE² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No</p>		<p>Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p>All Cl₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p>	
<p>Notes:</p>		<p>PRINTED NAME: <u>Justin R. Riggs</u></p> <p>SIGNATURE: <u>[Signature]</u> DATE: <u>12/11/2023</u></p> <p>PHONE #: <u>(503) 437 7003</u> CERT #: <u>6897</u></p>	

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:	Nov-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	1300	1.28	100	128	11.2	7.69	23.4	YES	1760
2	900	1.24	100	124	11.3	7.64	22.8	YES	481
3	800	1.15	100	115	10.9	7.65	23.2	YES	937
4	830	0.97	100	97	12.5	7.63	20.2	YES	370
5	830	0.94	100	94	12.2	7.60	20.5	YES	351
6	900	0.85	100	85	13.5	7.69	19.1	YES	323
7	1300	1.11	100	111	13.4	7.49	18.4	YES	442
8	1300	1.43	100	143	13.5	7.38	18.2	YES	602
9	1100	1.54	100	154	12.2	7.40	20.4	YES	323
10	900	1.37	100	137	13.4	7.48	18.9	YES	701
11	930	1.21	100	121	14.50	7.42	16.9	YES	277
12	900	1.19	100	119	13.10	7.43	18.5	YES	281
13	1100	1.00	100	100	12.40	7.50	19.6	YES	607
14	830	1.34	100	134	13.40	7.56	19.4	YES	631
15	1030	1.35	100	135	14.40	7.64	18.7	YES	1002
16	800	1.48	100	148	13.80	7.45	18.4	YES	387
17	800	1.41	100	141	11.90	7.47	21.0	YES	626
18	1030	1.30	100	130	11.70	7.56	21.7	YES	360
19	900	1.28	100	128	11.10	7.59	22.8	YES	354
20	1000	1.12	100	112	10.50	7.56	23.0	YES	1117
21	800	1.20	100	120	11.40	7.30	20.0	YES	393
22	800	1.05	100	105	11.50	7.40	20.2	YES	1404
23	830	1.06	100	106	11.50	7.51	21.0	YES	495
24	900	1.04	100	104	11.30	7.50	21.2	YES	470
25	930	1.04	100	104	10.70	7.46	21.7	YES	507
26	930	1.07	100	107	9.80	7.56	24.0	YES	546
27	1100	1.09	100	109	12.00	7.49	20.3	YES	637
28	1000	1.05	100	105	10.30	7.50	22.7	YES	535
29	1000	1.14	100	114	12.40	7.47	19.7	YES	565
30	1100	1.15	100	115	8.10	7.54	26.9	YES	1011
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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