

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill  
 Month/Year: Dec-23

Conventional or Direct Filtration

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	0.021	0.021	0.022	off	off	off	0.044
2	0.021	0.025	0.025	0.022	0.020	0.022	0.049
3	0.022	off	off	off	0.022	0.020	0.088
4	0.038	0.024	0.021	0.022	0.036	0.032	0.123
5	0.036	0.029	0.050	0.024	0.066	off	0.157
6	off	off	off	0.049	0.020	0.021	0.255
7	off	0.020	off	0.019	0.019	0.019	0.141
8	0.017	0.016	0.016	0.118	0.018	off	0.141
9	off	off	0.020	0.020	0.020	0.018	0.210
10	0.018	off	off	0.027	off	0.024	0.227
11	off	0.022	0.020	0.018	0.020	0.019	0.093
12	0.019	0.018	0.018	0.026	0.018	0.018	0.059
13	0.018	0.018	off	0.020	0.018	0.018	0.240
14	0.070	0.018	0.018	off	0.020	0.026	0.104
15	0.018	0.018	0.018	0.024	0.020	0.019	0.080
16	0.018	off	off	off	0.105	0.020	0.256
17	0.017	0.016	0.016	0.020	0.018	0.017	0.076
18	0.016	0.016	0.016	0.017	0.020	0.018	0.073
19	0.017	0.016	0.016	0.022	0.018	0.018	0.043
20	0.016	0.016	0.016	0.036	0.020	0.018	0.120
21	0.056	0.018	off	0.018	0.025	0.018	0.061
22	0.018	off	0.016	0.022	0.018	0.018	0.048
23	0.024	off	off	0.020	0.020	0.019	0.064
24	off	off	0.018	0.018	0.024	0.018	0.063
25	0.028	0.028	off	0.032	0.020	0.018	0.075
26	off	off	off	0.028	0.026	0.025	0.041
27	0.018	off	off	0.020	0.018	0.019	0.036
28	0.021	off	0.019	off	0.022	0.019	0.072
29	0.018	0.020	0.017	0.022	0.018	0.017	0.081
30	0.016	off	off	0.020	0.018	0.018	0.028
31	0.017	0.017	0.017	0.020	0.018	0.017	0.027

<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>		<b>PRINTED NAME:</b> Justin K. Buss	
		<b>SIGNATURE:</b> <i>Justin K. Buss</i>	<b>DATE:</b> 11/21/2024
		<b>PHONE #:</b> 650314377003	<b>CERT #:</b> 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 Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :	A
Disinfection <i>Giardia</i> Log Inactiv:	0.5

System Name: City of Willamina ID#: 41 00953 Month/Year: Dec-23

Date / Time	Residual at 1st User ( C ) <sub>3</sub>	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	900	1.18	100	118	10.1	7.49	23.2	YES	550
2	830	1.02	100	102	9.6	7.47	23.4	YES	602
3	1300	1.00	100	100	9.8	7.42	22.6	YES	482
4	1500	1.37	100	137	9.7	7.45	24.0	YES	404
5	1200	1.22	100	122	12.0	7.40	19.9	YES	409
6	1100	1.04	100	104	13.4	7.40	17.7	YES	646
7	1100	1.24	100	124	12.6	7.48	19.6	YES	403
8	1300	1.26	100	126	12.1	7.52	20.8	YES	402
9	1300	1.21	100	121	12.6	7.62	20.6	YES	349
10	1100	1.22	100	122	12.0	7.60	21.4	YES	427
11	800	1.11	100	111	14.10	7.46	17.4	YES	462
12	900	1.09	100	109	12.00	7.43	19.9	YES	447
13	1100	1.22	100	122	11.40	7.33	20.2	YES	434
14	1400	1.14	100	114	13.10	7.42	18.4	YES	428
15	1300	1.17	100	117	10.70	7.58	23.0	YES	513
16	1100	1.12	100	112	10.40	7.60	23.5	YES	449
17	1000	1.10	100	110	10.00	7.67	24.7	YES	495
18	1130	0.99	100	99	11.80	7.55	20.8	YES	456
19	800	1.24	100	124	10.90	7.73	24.1	YES	486
20	830	1.38	100	138	10.80	7.48	22.6	YES	537
21	730	1.36	100	136	10.90	7.48	22.4	YES	483
22	930	1.17	100	117	10.60	7.42	21.9	YES	398
23	730	1.25	100	125	9.90	7.40	23.0	YES	445
24	900	1.07	100	107	12.30	7.46	19.6	YES	516
25	800	1.11	100	111	12.10	7.43	19.8	YES	469
26	900	1.03	100	103	10.20	7.48	22.6	YES	430
27	930	0.99	100	99	9.50	7.38	22.7	YES	755
28	1000	1.03	100	103	12.20	7.48	19.8	YES	879
29	900	1.04	100	104	11.60	7.43	20.3	YES	712
30	900	0.96	100	96	10.90	7.39	20.7	YES	513
31	930	1.15	100	115	10.10	7.40	22.4	YES	437

<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