

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill

Conventional or Direct Filtration

Month/Year: Jan-24

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	0.016	0.016	off	0.019	0.017	off	0.036
2	off	off	0.018	0.019	0.017	0.016	0.276
3	0.016	0.016	off	0.019	0.017	0.016	0.630
4	0.016	0.017	0.016	0.016	0.019	0.016	0.063
5	0.016	0.017	0.016	0.016	0.016	0.016	0.024
6	0.015	0.151	off	0.022	0.022	0.018	0.267
7	0.017	0.018	0.020	0.020	0.019	0.017	0.207
8	0.017	0.017	0.016	0.020	0.018	0.018	0.102
9	0.018	0.019	off	off	0.020	0.021	0.186
10	0.020	off	off	0.022	0.023	0.021	0.287
11	0.018	0.016	off	0.020	0.018	0.019	0.051
12	0.017	0.017	0.016	0.020	0.018	0.023	0.029
13	0.017	0.016	0.017	0.024	0.020	0.019	0.024
14	0.018	0.016	0.016	off	0.019	0.019	0.028
15	0.016	0.018	0.016	off	0.018	0.017	0.046
16	0.016	0.017	0.017	0.020	0.018	0.016	0.060
17	0.017	0.017	0.016	0.020	0.018	0.019	0.052
18	0.019	0.019	0.017	0.017	0.024	0.022	0.139
19	0.019	0.086	off	0.019	0.017	0.017	0.133
20	0.020	0.047	off	0.020	0.018	0.019	0.158
21	0.017	0.023	0.019	off	0.020	0.277	0.266
22	0.024	0.050	0.033	0.031	0.026	0.020	0.277
23	0.025	0.020	off	0.031	0.026	0.025	0.223
24	0.019	0.018	off	0.022	0.025	0.029	0.277
25	off	0.020	0.018	0.022	0.020	0.023	0.254
26	0.017	0.016	0.043	off	0.017	0.017	0.140
27	0.017	0.017	off	0.031	0.019	off	0.172
28	0.020	0.026	0.020	0.022	off	0.022	0.290
29	0.020	0.017	0.018	0.025	0.018	0.018	0.273
30	0.017	0.016	0.017	0.020	0.018	0.018	0.184
31	0.017	0.017	0.058	0.018	0.019	0.018	0.143

<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 <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE <sup>2</sup> triggers	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	PRINTED NAME: Justin K. High SIGNATURE: <i>[Signature]</i> DATE: 2/1/24 PHONE #: (503) 437 7003 CERT #: 6997	
Notes:			

<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

System Name: City of Willamina ID#: 41 00953 Month/Year: Jan-24

Disinfection  
Giardia Log  
Inactiv:

0.5

Date / Time	Residual at 1st User ( C )	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	1.10	100	110	11.5	7.36	20.1	YES	470
2 900	1.12	100	112	11.4	7.41	20.6	YES	845
3 730	1.13	100	113	10.1	7.44	22.7	YES	504
4 830	1.14	100	114	11.4	7.44	20.8	YES	519
5 900	1.20	100	120	11.1	7.42	21.3	YES	514
6 900	1.17	100	117	10.8	7.41	21.5	YES	506
7 900	1.12	100	112	9.5	7.46	23.7	YES	441
8 1030	1.14	100	114	10.6	7.41	21.7	YES	544
9 1100	0.98	100	98	12.0	7.44	19.7	YES	543
10 1000	1.12	100	112	10.2	7.44	22.5	YES	613
11 1000	1.30	100	130	10.30	7.55	23.7	YES	511
12 1030	1.34	100	134	10.60	7.54	23.3	YES	533
13 930	1.32	100	132	9.40	7.60	25.7	YES	59
14 1100	1.23	100	123	8.30	7.65	27.9	YES	606
15 1100	1.53	100	153	9.50	7.65	26.6	YES	738
16 800	1.46	100	146	9.90	7.67	25.9	YES	529
17 830	1.39	100	139	12.30	7.63	21.6	YES	795
18 1030	1.30	100	130	10.50	7.40	22.2	YES	887
19 900	1.22	100	122	10.80	7.49	22.3	YES	685
20 930	1.20	100	120	9.00	7.45	24.7	YES	660
21 1230	1.10	100	110	10.40	7.47	22.4	YES	726
22 1030	1.00	100	100	8.90	7.30	23.0	YES	584
23 900	0.97	100	97	8.20	7.46	25.5	YES	628
24 900	0.97	100	97	10.70	7.55	22.3	YES	481
25 930	1.40	100	140	11.40	7.51	22.0	YES	604
26 1300	1.10	100	110	11.10	7.41	20.9	YES	421
27 1030	1.39	100	139	10.10	7.35	22.6	YES	381
28 830	1.43	100	143	12.40	7.35	19.6	YES	374
29 1030	1.48	100	148	12.30	7.32	19.6	YES	458
30 930	1.34	100	134	12.60	7.40	19.3	YES	560
31 930	1.27	100	127	12.60	7.40	19.1	YES	467

<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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350