

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill

Conventional or Direct Filtration

Month/Year: Feb-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	0.022	0.017	0.016	0.210
2	0.018	0.016	0.016	0.022	0.018	0.016	0.077
3	0.016	0.016	0.016	0.020	0.018	0.016	0.067
4	0.017	0.016	0.016	0.022	0.018	0.016	0.050
5	0.016	0.016	0.016	0.036	0.019	0.017	0.054
6	0.017	0.018	0.019	0.056	0.019	0.017	0.053
7	0.016	0.016	0.016	0.016	0.016	0.019	0.046
8	0.017	0.016	0.018	0.024	0.017	0.017	0.075
9	0.020	0.017	0.017	0.020	0.018	0.017	0.028
10	0.017	0.017	0.016	off	0.020	0.018	0.024
11	0.019	off	off	0.018	0.019	0.017	0.049
12	0.016	0.017	0.017	off	0.018	0.018	0.045
13	0.017	0.017	off	0.020	0.019	0.019	0.060
14	0.019	off	0.020	0.023	0.020	0.021	0.049
15	0.023	off	0.042	0.043	0.025	0.023	0.067
16	0.021	0.024	0.057	0.022	0.020	0.020	0.088
17	0.018	off	off	0.024	0.020	0.019	0.033
18	0.023	off	off	0.024	0.019	0.018	0.136
19	0.016	0.020	off	0.018	0.016	0.016	0.030
20	0.016	0.016	off	0.023	0.020	0.018	0.093
21	0.018	0.018	off	0.024	0.020	0.019	0.134
22	0.018	off	off	0.023	0.019	0.048	0.046
23	0.019	0.018	off	0.022	0.019	off	0.076
24	0.018	off	off	0.026	0.018	0.018	0.029
25	0.018	0.019	off	0.022	0.020	0.020	0.068
26	0.017	off	off	0.020	0.020	0.018	0.080
27	0.018	0.018	0.018	0.022	off	off	0.204
28	off	off	0.021	0.072	0.024	0.022	0.128
29	0.020	off	off	0.024	0.094	0.025	0.279
30							
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes / No	CT's met everyday? (see back) Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes / No
All 4-hour turbidity readings ≤ 1 NTU? Yes / No		
All turbidity readings < IFE <sup>2</sup> triggers Yes / No		
Notes:	PRINTED NAME: Justin A. [Signature]	
	SIGNATURE: [Signature]	DATE: 3/1/24
	PHONE #: (503) 437 7003	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 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: Feb-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	930	1.04	100	104	12.2	7.73	21.6	YES	440
2	930	1.06	100	106	12.3	7.68	21.2	YES	376
3	930	0.85	100	85	13.7	7.59	18.2	YES	438
4	930	1.39	100	139	12.2	7.60	21.5	YES	870
5	1130	1.65	100	165	12.1	7.65	22.7	YES	550
6	830	1.62	100	162	11.6	7.62	23.1	YES	598
7	930	1.42	100	142	12.6	7.55	20.5	YES	750
8	100	1.32	100	132	12.7	7.56	20.3	YES	477
9	830	1.26	100	126	13.0	7.56	19.7	YES	739
10	1030	1.15	100	115	10.0	7.53	23.6	YES	438
11	1100	1.16	100	116	10.20	7.54	23.4	YES	431
12	1100	1.09	100	109	12.10	7.54	20.5	YES	498
13	1100	1.04	100	104	11.40	7.52	21.2	YES	429
14	930	1.03	100	103	12.10	7.54	20.4	YES	474
15	1300	1.04	100	104	12.30	7.58	20.4	YES	639
16	1030	0.98	100	98	12.10	7.51	20.0	YES	523
17	930	1.04	100	104	11.00	7.46	21.3	YES	352
18	930	1.05	100	105	12.90	7.45	18.6	YES	393
19	1100	1.00	100	100	14.00	7.50	17.5	YES	403
20	1300	1.04	100	104	11.40	7.53	21.3	YES	483
21	1000	1.05	100	105	11.50	7.44	20.5	YES	479
22	1130	1.07	100	107	13.10	7.51	18.8	YES	594
23	930	1.07	100	107	13.00	7.45	18.5	YES	382
24	1000	1.01	100	101	10.80	7.50	21.8	YES	396
25	1045	1.00	100	100	11.20	7.59	21.9	YES	523
26	1400	1.02	100	102	13.40	7.48	18.1	YES	403
27	1100	1.03	100	103	12.00	7.48	20.1	YES	386
28	1030	1.04	100	104	13.10	7.47	18.5	YES	407
29	1030	0.97	100	97	12.40	7.41	19.0	YES	374
30									
31									

<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