

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill

Conventional or Direct Filtration

Month/Year: Mar-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 ¹ [NTU]
1	0.022	0.020	off	0.025	0.022	0.020	0.074
2	0.019	0.031	off	0.025	0.022	0.020	0.187
3	0.020	0.026	0.025	0.152	0.030	0.026	0.186
4	0.023	0.021	off	0.033	0.024	0.021	0.087
5	0.020	0.019	0.019	0.060	0.022	0.019	0.071
6	0.018	0.019	off	0.020	0.019	0.018	0.055
7	0.018	0.018	0.018	0.020	0.018	0.018	0.054
8	0.018	0.018	0.019	0.021	0.021	0.018	0.082
9	off	0.018	0.019	0.026	0.018	0.018	0.250
10	off	0.022	0.020	0.021	0.043	0.022	0.096
11	0.022	off	off	0.022	0.019	0.019	0.043
12	off	0.018	off	0.022	0.020	0.018	0.058
13	0.018	0.018	0.019	0.021	0.019	0.018	0.086
14	0.019	0.017	0.018	off	0.019	0.018	0.042
15	0.018	0.017	0.018	0.024	0.018	0.018	0.047
16	0.023	off	off	0.020	0.018	0.016	0.055
17	0.018	0.018	off	0.031	0.018	0.020	0.086
18	0.019	0.018	off	0.029	off	0.025	0.096
19	0.023	off	0.018	0.023	0.017	0.019	0.269
20	0.017	0.019	0.017	0.020	0.022	0.020	0.042
21	0.020	off	off	0.018	0.017	0.017	0.057
22	0.017	off	off	0.020	0.018	0.017	0.054
23	off	0.018	off	off	0.019	0.018	0.029
24	0.017	off	off	0.018	0.018	0.017	0.098
25	off	off	0.016	0.017	0.017	0.017	0.068
26	0.017	0.017	off	0.035	0.017	off	0.060
27	0.017	0.030	0.017	0.019	0.024	0.024	0.057
28	0.022	off	off	0.024	0.022	off	0.035
29	off	off	off	0.031	0.026	0.023	0.097
30	0.026	0.023	0.021	0.032	off	off	0.050
31	off	off	off	0.020	0.020	0.020	0.097

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)	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 ² triggers	Yes / No		
Notes:	PRINTED NAME: <i>Justin R. Biggs</i>		
	SIGNATURE: <i>[Signature]</i>		DATE: <i>4/2/24</i>
	PHONE #: <i>(503) 437 7003</i>		CERT #: <i>6997</i>

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: Mar-24	Disinfection Giardia Log Inactiv: 0.5
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Date / Time	Residual at 1st User (C)	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	1.00	100	100	12.3	7.45	19.4	YES	350
2 930	0.92	100	92	12.4	7.44	19.1	YES	489
3 930	0.98	100	98	12.3	7.43	19.2	YES	565
4 730	0.98	100	98	10.9	7.37	20.6	YES	585
5 830	0.89	100	89	11.3	7.38	20.0	YES	624
6 930	0.97	100	97	11.9	7.50	20.2	YES	694
7 800	1.12	100	112	10.7	7.64	23.4	YES	791
8 930	1.17	100	117	10.3	7.56	23.5	YES	1759
9 830	1.21	100	121	9.6	7.44	23.7	YES	681
10 1400	1.17	100	117	11.1	7.41	21.1	YES	1107
11 930	1.15	100	115	10.50	7.34	21.4	YES	737
12 1000	1.12	100	112	12.20	7.34	19.1	YES	642
13 900	1.23	100	123	10.70	7.43	22.0	YES	589
14 830	1.35	100	135	10.70	7.49	22.8	YES	619
15 830	1.29	100	129	11.70	7.48	21.1	YES	516
16 1000	1.23	100	123	11.30	7.41	21.0	YES	564
17 930	1.11	100	111	11.00	7.31	20.4	YES	440
18 930	1.04	100	104	11.90	7.36	19.4	YES	521
19 830	1.07	100	107	13.30	7.46	18.2	YES	467
20 830	1.57	100	157	12.70	7.47	20.2	YES	623
21 1100	1.51	100	151	13.40	7.61	20.1	YES	521
22 1030	1.33	100	133	11.60	7.48	21.3	YES	382
23 600	1.18	100	118	11.50	7.46	21.0	YES	321
24 1000	1.11	100	111	11.40	7.42	20.6	YES	563
25 900	1.12	100	112	11.70	7.43	20.3	YES	870
26 1030	1.13	100	113	11.70	7.41	20.2	YES	566
27 800	1.09	100	109	11.30	7.55	21.7	YES	1759
28 1300	1.02	100	102	13.10	7.49	18.6	YES	926
29 1000	1.01	100	101	12.00	7.55	20.5	YES	489
30 930	1.10	100	110	12.30	7.48	19.8	YES	516
31 900	1.06	100	106	12.10	7.52	20.3	YES	616

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