

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill

Month/Year: Apr-24

Conventional or Direct Filtration

WTP : TP - A

System Name:	City of Willamina		ID#: 41	00953	WTP : TP - A			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	0.020	off	0.022	0.018	0.022	0.018	0.071	
2	off	off	0.018	0.050	0.022	off	0.138	
3	off	off	off	0.022	0.028	0.023	0.192	
4	0.031	0.031	0.042	0.024	0.026	off	0.103	
5	off	off	0.037	0.024	0.027	0.022	0.049	
6	0.026	off	off	0.035	0.023	0.028	0.046	
7	0.027	0.026	off	0.027	0.069	0.082	0.084	
8	0.022	0.031	off	off	0.023	0.031	0.171	
9	0.020	0.031	0.022	off	0.022	0.033	0.173	
10	off	0.020	0.029	off	0.022	0.033	0.088	
11	0.022	off	off	0.090	0.024	0.021	0.204	
12	0.024	0.020	off	0.032	0.022	0.020	0.069	
13	0.022	off	off	0.020	0.026	off	0.051	
14	0.020	0.041	off	0.022	0.019	off	0.050	
15	0.023	0.030	0.023	off	0.022	0.019	0.080	
16	0.028	0.021	0.021	0.023	0.020	0.030	0.063	
17	off	off	off	0.021	0.020	0.029	0.082	
18	0.021	0.020	off	0.024	0.021	0.019	0.051	
19	0.023	off	off	0.022	off	0.082	0.250	
20	0.027	0.023	0.022	0.028	off	off	0.063	
21	0.023	0.021	0.044	0.025	0.023	off	0.071	
22	off	off	0.031	0.070	0.020	0.021	0.080	
23	0.020	0.021	0.039	0.023	off	off	0.089	
24	0.019	off	0.019	0.020	0.018	0.019	0.075	
25	0.019	off	0.019	0.026	0.019	0.019	0.065	
26	0.030	0.022	off	0.022	0.030	0.033	0.059	
27	0.060	0.026	off	0.019	0.020	0.019	0.136	
28	0.019	off	off	off	0.023	0.018	0.077	
29	0.010	0.020	off	0.029	0.021	0.029	0.198	
30	0.028	0.023	off	0.022	0.024	0.021	0.131	
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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 Cl ₂ 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: Justin K Roberts		
	SIGNATURE: <i>Justin K Roberts</i>		DATE: 9/11/24
	PHONE #: (971) 241 1090		CERT #: 6997

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 Eff. (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: Apr-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? ³	Peak Hourly Demand Flow	
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]	
1	900	1.10	100	110	13.3	7.60	19.3	YES	486
2	1030	1.12	100	112	13.2	7.56	19.2	YES	606
3	1030	1.13	100	113	13.4	7.60	19.2	YES	464
4	1000	1.12	100	112	12.6	7.64	20.5	YES	525
5	930	1.19	100	119	12.3	7.67	21.4	YES	569
6	1100	1.21	100	121	11.6	7.62	22.1	YES	585
7	1100	1.21	100	121	11.4	7.69	22.9	YES	593
8	1400	1.17	100	117	13.4	7.67	19.8	YES	1064
9	1300	1.12	100	112	13.8	7.63	18.9	YES	462
10	1300	1.16	100	116	13.6	7.65	19.4	YES	542
11	1300	1.07	100	107	12.60	7.68	20.7	YES	571
12	1100	1.04	100	104	13.60	7.61	18.8	YES	613
13	930	1.05	100	105	13.20	7.64	19.6	YES	522
14	1030	1.05	100	105	13.60	7.65	19.1	YES	511
15	900	1.04	100	104	13.40	7.58	18.9	YES	1062
16	800	1.07	100	107	14.50	7.60	17.7	YES	551
17	900	1.10	100	110	13.30	7.50	18.6	YES	760
18	900	1.08	100	108	13.00	7.53	19.1	YES	571
19	930	1.07	100	107	13.30	7.66	19.6	YES	1200
20	820	1.03	100	103	13.40	7.60	19.0	YES	745
21	815	1.08	100	108	15.20	7.78	18.1	YES	475
22	930	1.04	100	104	12.10	7.61	20.9	YES	475
23	1000	1.05	100	105	14.20	7.61	18.1	YES	549
24	1000	1.03	100	103	13.60	7.64	19.0	YES	614
25	930	1.03	100	103	13.90	7.64	18.6	YES	895
26	1000	1.09	100	109	15.30	7.65	17.2	YES	651
27	930	1.11	100	111	14.20	7.66	18.6	YES	464
28	1000	1.14	100	114	14.70	7.62	17.8	YES	532
29	1300	1.03	100	103	14.50	7.62	17.8	YES	908
30	1300	1.13	100	113	13.10	7.66	20.0	YES	657
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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