

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill

Conventional or Direct Filtration

Month/Year: Jul-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	0.020	0.020	off	0.021	0.020	0.022	0.081
2	0.020	0.020	0.020	0.021	off	off	0.077
3	0.018	0.020	0.020	0.020	0.019	0.022	0.072
4	0.020	0.019	0.020	0.020	0.020	0.022	0.070
5	0.020	off	0.018	off	0.021	0.022	0.062
6	0.020	0.022	off	0.021	0.023	0.065	0.090
7	0.024	off	0.021	0.022	0.027	0.030	0.077
8	0.025	0.028	0.027	0.023	off	0.029	0.088
9	0.025	0.027	0.026	0.025	0.029	0.036	0.079
10	0.029	0.029	0.031	0.030	0.031	0.031	0.090
11	0.026	0.026	0.031	0.028	0.024	0.024	0.111
12	0.022	0.020	off	off	off	off	0.047
13	0.020	0.020	0.019	0.020	off	0.020	0.156
14	0.018	0.018	0.023	0.021	off	0.020	0.051
15	0.018	0.018	0.019	0.028	0.022	0.018	0.044
16	0.025	0.020	0.020	off	0.018	0.020	0.070
17	off	off	0.019	0.020	0.018	0.019	0.059
18	0.020	0.018	0.018	0.020	0.018	0.018	0.087
19	0.022	0.019	0.020	0.022	off	off	0.036
20	0.018	0.018	0.022	0.018	0.019	0.020	0.080
21	off	off	0.018	0.019	0.018	0.020	0.056
22	0.018	0.018	0.018	0.024	0.018	0.018	0.140
23	0.018	0.020	0.019	0.042	0.018	0.018	0.117
24	0.021	0.018	0.019	0.024	0.019	0.018	0.077
25	0.024	0.018	0.018	0.024	off	0.020	0.088
26	0.018	0.018	0.028	0.018	0.018	off	0.026
27	off	off	0.022	0.026	0.018	0.018	0.026
28	0.018	0.018	off	off	0.019	0.018	0.049
29	0.018	0.018	0.018	0.023	0.018	off	0.027
30	off	0.018	0.024	0.019	off	0.018	0.064
31	0.018	0.020	0.019	0.018	0.021	0.019	0.057

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
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)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE ² triggers	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes:	PRINTED NAME: Justin R. Riggs		
	SIGNATURE: <i>Justin R. Riggs</i>		DATE: 8/2/24
	PHONE #: (503) 437 7003		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 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:	Jul-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	1.17	100	117	20.6	7.76	12.7	YES	397
2	900	1.02	100	102	19.1	7.62	13.1	YES	316
3	900	1.12	100	112	19.3	7.61	13.0	YES	403
4	900	1.14	100	114	19.9	7.70	12.9	YES	399
5	800	1.07	100	107	20.4	7.66	12.2	YES	344
6	1030	0.99	100	99	22.8	7.65	10.3	YES	192
7	1030	0.95	100	95	21.8	7.63	10.8	YES	545
8	800	0.93	100	93	21.9	7.64	10.8	YES	857
9	1030	1.09	100	109	24.3	7.64	9.3	YES	981
10	930	1.12	100	112	23.7	7.58	9.5	YES	733
11	1300	1.06	100	106	24.00	7.58	9.3	YES	953
12	800	1.04	100	104	22.00	7.66	10.9	YES	877
13	600	0.96	100	96	22.00	7.57	10.5	YES	364
14	830	1.01	100	101	22.60	7.58	10.2	YES	521
15	830	0.97	100	97	23.00	7.58	9.8	YES	780
16	900	0.99	100	99	23.20	7.59	9.8	YES	496
17	1100	0.96	100	96	22.90	7.58	9.9	YES	875
18	1000	0.99	100	99	22.50	7.64	10.4	YES	748
19	0:30	0.99	100	99	21.40	7.58	11.0	YES	1076
20	730	1.00	100	100	22.50	7.53	10.0	YES	505
21	1000	0.96	100	96	21.80	7.50	10.3	YES	529
22	900	1.10	100	110	22.40	7.58	10.4	YES	944
23	930	1.17	100	117	21.70	7.64	11.2	YES	425
24	1000	1.13	100	113	21.90	7.63	11.0	YES	563
25	1000	1.11	100	111	21.00	7.53	11.2	YES	867
26	1000	1.18	100	118	20.50	7.62	12.1	YES	480
27	1100	1.15	100	115	20.80	7.59	11.7	YES	501
28	1200	1.17	100	117	20.50	7.70	12.5	YES	489
29	1100	1.30	100	130	21.20	7.64	11.8	YES	357
30	1000	1.26	100	126	21.10	7.60	11.7	YES	533
31	1000	1.18	100	118	20.70	7.62	11.9	YES	803

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