

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill

Conventional or Direct Filtration

Month/Year: Aug-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	0.018	0.022	0.027	off	0.018	0.018	0.045	
2	0.018	0.020	0.018	0.019	0.020	0.020	0.057	
3	off	off	0.018	0.023	0.020	0.020	0.071	
4	off	0.018	0.020	0.018	0.018	0.021	0.064	
5	0.020	0.018	off	off	off	0.022	0.157	
6	0.025	0.022	0.022	0.024	0.025	0.025	0.069	
7	0.026	0.022	0.022	0.024	0.024	0.025	0.072	
8	0.025	0.022	0.021	0.020	0.024	0.025	0.039	
9	off	0.022	0.024	0.024	0.025	0.027	0.037	
10	off	off	off	0.034	0.029	0.031	0.042	
11	0.028	0.024	0.026	off	off	off	0.052	
12	off	off	0.022	0.024	0.022	0.020	0.045	
13	off	off	off	off	0.028	0.027	0.072	
14	0.024	0.024	0.024	0.020	0.019	0.020	0.064	
15	0.018	0.018	0.022	0.018	0.018	0.018	0.061	
16	0.020	0.018	0.020	0.020	0.020	0.018	0.057	
17	0.020	0.020	0.020	0.019	off	0.025	0.053	
18	0.020	off	off	off	0.024	0.026	0.033	
19	0.031	0.093	0.042	0.027	0.025	off	0.196	
20	0.024	0.024	0.025	0.024	off	off	0.056	
21	0.023	0.023	0.024	0.020	0.018	0.020	0.059	
22	0.018	off	off	0.020	0.018	0.018	0.062	
23	0.020	0.018	0.018	0.020	off	off	0.024	
24	0.021	0.022	0.024	0.029	0.021	off	0.036	
25	off	off	0.024	0.024	0.022	0.020	0.079	
26	0.024	0.018	0.020	0.025	off	off	0.066	
27	off	0.020	0.022	off	0.022	0.022	0.060	
28	off	0.023	0.024	0.022	off	off	0.062	
29	off	0.021	0.050	0.021	0.021	0.021	0.058	
30	0.023	0.022	0.020	off	0.022	0.022	0.126	
31	0.022	off	off	0.020	0.018	0.018	0.065	

<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	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 <sup>2</sup> triggers	Yes / No		
Notes:	PRINTED NAME: Justin R. Hobbs		
	SIGNATURE: <i>[Signature]</i>		DATE: 8/24
	PHONE #: (503) 437 7003		CERT #: 6998

<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:	Aug-24	Disinfection Giardia Log Inactiv:	0.5
--------------	-------------------	---------	-------	-------------	--------	---	-----

Date / Time	Residual at 1st User ( C ) 3	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	1000	1.09	100	109	21.6	7.63	11.2	YES	713
2	930	1.00	100	100	21.1	7.61	11.4	YES	574
3	1030	0.97	100	97	22.8	7.59	10.0	YES	257
4	1100	1.06	100	106	23.1	7.60	9.9	YES	329
5	1600	0.97	100	97	21.9	7.58	10.6	YES	443
6	1000	1.01	100	101	21.7	7.65	11.1	YES	842
7	930	1.01	100	101	21.8	7.62	10.9	YES	305
8	800	1.06	100	106	22.1	7.62	10.7	YES	942
9	900	1.00	100	100	21.9	7.59	10.7	YES	594
10	730	0.98	100	98	22.2	7.59	10.4	YES	820
11	730	1.01	100	101	22.00	7.65	10.9	YES	376
12	800	0.98	100	98	21.70	7.58	10.8	YES	242
13	1300	0.95	100	95	21.40	7.60	11.0	YES	272
14	1000	1.00	100	100	20.60	7.58	11.6	YES	767
15	930	1.00	100	100	20.80	7.66	11.8	YES	589
16	1100	0.97	100	97	20.80	7.61	11.5	YES	704
17	1030	1.10	100	110	20.80	7.65	11.9	YES	338
18	1500	1.04	100	104	21.00	7.61	11.5	YES	264
19	830	1.20	100	120	20.20	7.62	12.4	YES	704
20	1300	1.19	100	119	20.90	7.63	11.8	YES	824
21	930	1.09	100	109	20.70	7.64	11.9	YES	821
22	1100	0.99	100	99	20.00	7.64	12.3	YES	308
23	930	1.01	100	101	19.70	7.63	12.6	YES	723
24	1100	1.00	100	100	18.80	7.68	13.6	YES	284
25	1000	0.95	100	95	18.40	7.71	14.0	YES	448
26	900	0.97	100	97	19.50	7.67	12.9	YES	486
27	930	0.99	100	99	19.80	7.64	12.5	YES	376
28	1100	1.00	100	100	19.40	7.59	12.6	YES	862
29	1100	0.99	100	99	19.20	7.61	12.9	YES	820
30	830	1.08	100	108	19.20	7.64	13.2	YES	620
31	1030	1.07	100	107	20.10	7.61	12.2	YES	978

<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