

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill

Conventional or Direct Filtration

Month/Year: Sep-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	0.020	0.020	0.020	0.021	0.064
2	0.020	off	off	0.019	0.020	0.024	0.051
3	0.020	0.020	off	off	0.024	0.020	0.043
4	0.019	0.024	off	0.037	0.031	0.030	0.084
5	0.032	0.021	0.023	0.023	0.020	off	0.044
6	off	off	0.038	0.023	0.022	0.022	0.059
7	0.024	0.022	0.022	0.024	0.022	0.022	0.047
8	0.024	0.022	0.026	0.026	0.022	0.022	0.067
9	0.025	0.022	0.020	0.026	0.023	off	0.066
10	off	off	0.023	0.023	0.023	0.023	0.059
11	0.028	0.025	0.023	0.026	0.025	off	0.059
12	off	0.023	0.029	off	0.026	0.025	0.075
13	0.025	0.024	0.023	0.022	0.023	0.023	0.050
14	0.023	off	off	0.023	0.023	0.021	0.063
15	0.023	0.022	off	0.023	0.023	off	0.047
16	off	0.020	0.021	0.021	0.021	0.021	0.052
17	0.021	0.022	0.021	off	0.021	0.023	0.043
18	0.021	off	off	0.021	0.019	0.021	0.055
19	0.021	0.021	0.022	0.027	0.021	off	0.054
20	off	off	0.021	0.021	0.027	0.021	0.027
21	0.021	0.023	0.021	0.023	off	off	0.033
22	off	off	0.021	0.027	0.020	0.019	0.059
23	off	0.021	0.021	0.021	0.021	off	0.026
24	off	off	0.020	0.021	off	0.021	0.079
25	0.021	0.023	0.023	0.024	0.023	0.025	0.030
26	0.025	off	off	0.023	0.025	0.023	0.032
27	0.023	0.025	0.024	off	off	off	0.057
28	off	off	off	0.023	0.022	0.023	0.050
29	0.022	0.022	0.023	0.023	0.023	off	0.058
30	off	0.021	0.025	0.021	0.022	0.022	0.074
31							

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 Cl2 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: <i>Justin R. Roberts</i>	DATE: 10/31/24
		SIGNATURE: <i>[Signature]</i>	CERT #: 6998
		PHONE #: 503) 4377003	

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: Sep-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	1000	1.07	100	107	20.4	7.59	11.9	YES	164
2	1000	1.05	100	105	20.6	7.59	11.7	YES	332
3	1300	0.99	100	99	20.9	7.66	11.7	YES	636
4	1100	1.05	100	105	20.1	7.60	12.2	YES	544
5	900	1.00	100	100	20.5	7.64	12.0	YES	742
6	1030	0.99	100	99	21.6	7.60	10.9	YES	653
7	830	1.10	100	110	21.1	7.65	11.7	YES	295
8	930	1.12	100	112	21.0	7.62	11.6	YES	371
9	1000	1.09	100	109	21.0	7.62	11.6	YES	800
10	900	1.10	100	110	20.8	7.52	11.3	YES	489
11	930	1.14	100	114	20.60	7.64	12.1	YES	307
12	900	1.08	100	108	20.50	7.66	12.2	YES	433
13	930	1.09	100	109	19.30	7.65	13.1	YES	302
14	900	1.09	100	109	19.80	7.62	12.6	YES	305
15	930	1.06	100	106	19.20	7.64	13.1	YES	265
16	900	1.07	100	107	18.40	7.62	13.8	YES	381
17	900	1.11	100	111	19.10	7.64	13.3	YES	341
18	900	1.11	100	111	18.80	7.67	13.7	YES	429
19	930	1.11	100	111	17.60	7.67	14.9	YES	307
20	930	1.11	100	111	18.20	7.61	14.0	YES	605
21	1000	1.09	100	109	16.90	7.70	15.7	YES	314
22	1100	1.13	100	113	17.40	7.71	15.3	YES	401
23	930	1.07	100	107	18.40	7.64	13.9	YES	307
24	915	1.09	100	109	18.60	7.68	13.9	YES	393
25	945	1.10	100	110	19.50	7.67	13.1	YES	316
26	1030	1.07	100	107	18.00	7.67	14.4	YES	479
27	930	1.07	100	107	18.80	7.68	13.7	YES	242
28	930	1.00	100	100	18.10	7.62	13.9	YES	369
29	1030	0.98	100	98	17.70	7.61	14.2	YES	324
30	1000	1.03	100	103	16.30	7.64	15.9	YES	766
31									

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