

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill

Conventional or Direct Filtration

Month/Year: Oct-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	0.021	0.022	0.023	off	0.022	0.025	0.054
2	off	off	0.028	0.022	0.022	0.022	0.079
3	0.024	0.020	0.019	0.022	off	off	0.071
4	off	off	0.016	0.018	off	0.020	0.077
5	0.018	0.018	0.018	off	off	off	0.070
6	0.029	off	off	off	off	0.022	0.245
7	0.018	0.022	off	0.026	off	off	0.123
8	off	off	0.022	0.022	0.031	0.023	0.088
9	0.022	0.033	0.025	0.023	0.033	off	0.112
10	off	0.025	0.024	0.096	0.029	0.025	0.093
11	off	off	off	0.093	off	off	0.088
12	off	off	off	0.025	0.053	0.028	0.075
13	0.030	0.030	0.027	0.027	0.036	0.038	0.080
14	0.033	0.033	0.029	0.028	0.038	off	0.029
15	off	0.029	0.027	0.036	off	off	0.102
16	0.033	0.031	off	0.035	off	0.024	0.109
17	0.043	0.043	0.040	0.053	0.039	off	0.119
18	off	off	0.207	0.055	0.049	0.048	0.282
19	0.060	0.046	0.042	off	off	0.039	0.061
20	0.044	0.037	off	off	0.038	0.048	0.183
21	0.072	off	0.042	0.080	0.031	off	0.172
22	off	off	0.036	0.029	0.105	0.036	0.071
23	0.027	off	0.032	0.039	0.028	off	0.063
24	off	off	0.023	0.029	0.028	0.025	0.086
25	0.024	0.031	0.056	off	off	off	0.081
26	0.030	0.033	0.088	off	off	0.027	0.223
27	off	off	0.022	0.029	0.030	0.029	0.153
28	0.029	off	0.041	0.026	0.027	0.023	0.060
29	0.023	off	0.064	0.022	0.025	off	0.118
30	off	off	0.028	0.020	0.022	0.021	0.073
31	0.023	0.021	off	0.026	0.021	0.022	0.075

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)	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No		All Cl2 residual at entry point ≥ 0.2 mg/l?
All turbidity readings < IFE ² triggers	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No		Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:	PRINTED NAME: <i>Justin R. Riggs</i>		
	SIGNATURE: <i>[Signature]</i>		DATE: <i>11/12/24</i>
	PHONE #: <i>50314377603</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: Oct-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 1300	1.11	100	111	17.2	7.70	15.4	YES	611
2 1300	0.98	100	98	16.5	7.68	15.8	YES	543
3 1000	1	100	100	16.1	7.66	16.2	YES	472
4 1000	1	100	100	16.2	7.63	15.9	YES	449
5 900	1.05	100	105	16.2	7.66	16.1	YES	270
6 1000	0.99	100	99	14.9	7.65	17.4	YES	337
7 1100	0.99	100	99	16.0	7.59	15.8	YES	384
8 930	0.91	100	91	16.7	7.64	15.3	YES	439
9 900	1.03	100	103	17.3	7.59	14.6	YES	816
10 900	1.04	100	104	18.1	7.60	13.9	YES	717
11 930	1	100	100	17.80	7.67	14.5	YES	713
12 1000	0.9	100	90	18.60	7.59	13.2	YES	397
13 1030	1	100	100	16.40	7.58	15.4	YES	305
14 1100	0.92	100	92	18.40	7.67	13.8	YES	488
15 900	0.96	100	96	16.30	7.42	14.5	YES	385
16 900	0.91	100	91	18.20	7.57	13.4	YES	323
17 1000	0.91	100	91	16.40	7.59	15.3	YES	594
18 930	0.9	100	90	15.30	7.61	16.5	YES	411
19 830	0.84	100	84	14.80	7.55	16.6	YES	270
20 1015	0.83	100	83	14.50	7.55	16.9	YES	513
21 1300	0.83	100	83	15.40	7.55	15.9	YES	814
22 930	0.82	100	82	15.10	7.56	16.3	YES	380
23 930	0.95	100	95	14.50	7.56	17.2	YES	686
24 1000	0.97	100	97	14.70	7.59	17.2	YES	737
25 1000	0.99	100	99	12.20	7.61	20.6	YES	618
26 900	1.06	100	106	13.50	7.61	19.0	YES	431
27 1000	0.99	100	99	13.70	7.61	18.6	YES	299
28 930	0.87	100	87	14.30	7.58	17.4	YES	371
29 945	0.92	100	92	13.70	7.59	18.3	YES	387
30 1000	0.94	100	94	13.90	7.66	18.6	YES	369
31 1000	0.99	100	99	14.20	7.67	18.4	YES	526

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