

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill
 Month/Year: Nov-24

Conventional or Direct Filtration

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	off	off	off	0.040	0.025	0.026	0.049
2	off	0.026	0.025	0.034	0.030	off	0.098
3	off	off	0.025	0.023	off	0.034	0.119
4	0.025	0.023	0.022	off	0.022	0.021	0.170
5	0.020	off	0.093	0.025	0.021	0.021	0.065
6	off	off	off	off	0.025	0.022	0.090
7	0.022	0.022	0.020	0.024	0.027	0.028	0.057
8	0.022	off	off	0.030	0.024	0.021	0.236
9	0.030	off	off	0.024	0.023	off	0.085
10	off	off	0.034	0.025	0.023	0.024	0.076
11	0.025	0.024	off	0.022	0.027	0.023	0.078
12	off	off	0.023	0.038	0.054	0.028	0.084
13	off	0.028	off	0.029	off	0.027	0.119
14	0.024	0.024	off	0.025	0.022	0.020	0.078
15	off	off	0.055	0.023	0.021	0.020	0.194
16	0.020	0.019	0.019	off	0.019	0.019	0.031
17	off	off	0.027	0.034	off	0.042	0.297
18	0.026	0.033	0.026	off	0.033	0.024	0.110
19	0.020	0.020	0.020	off	0.024	0.022	0.047
20	0.020	0.020	0.104	0.036	0.027	0.018	0.128
21	0.018	0.018	0.027	0.018	0.019	0.017	0.126
22	0.017	0.017	0.021	0.019	0.018	0.017	0.084
23	0.018	0.113	off	0.020	0.019	0.017	0.076
24	0.017	0.017	0.017	0.017	0.017	0.017	0.065
25	0.017	0.017	off	0.019	0.019	0.018	0.036
26	0.017	0.018	0.019	0.018	0.017	0.017	0.042
27	off	0.017	off	0.018	off	0.017	0.023
28	0.018	0.017	0.017	0.018	0.018	off	0.021
29	off	off	off	0.019	0.019	off	0.032
30	0.019	0.017	0.017	0.019	0.017	0.018	0.025
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Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes:	PRINTED NAME: <i>Justin R Riggs</i> SIGNATURE: <i>[Signature]</i> DATE: <i>12/3/24</i> PHONE #: <i>(503) 437 7003</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: Nov-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	1.01	100	101	12.9	7.70	20.3	YES	841
2	1130	0.96	100	96	12.3	7.85	22.2	YES	282
3	200	0.88	100	88	11.9	7.83	22.5	YES	335
4	1030	0.97	100	97	12.7	7.52	19.2	YES	483
5	930	0.96	100	96	14.6	7.83	18.9	YES	394
6	1300	0.99	100	99	13.1	7.77	20.5	YES	397
7	1000	1.04	100	104	13.1	7.86	21.3	YES	682
8	1100	1.12	100	112	11.9	7.72	22.2	YES	326
9	1030	1.07	100	107	13.6	7.80	20.3	YES	493
10	930	1.07	100	107	12.7	7.75	21.1	YES	309
11	1000	1.09	100	109	11.80	7.65	21.7	YES	262
12	900	1.00	100	100	13.70	7.63	18.8	YES	435
13	1000	0.95	100	95	12.30	7.62	20.5	YES	426
14	1000	0.89	100	89	12.80	7.64	19.7	YES	424
15	1300	1.01	100	101	12.10	7.59	20.7	YES	525
16	1100	1.32	100	132	11.10	7.47	21.9	YES	438
17	430	1.26	100	126	11.20	7.51	21.9	YES	389
18	700	1.45	100	145	12.40	7.42	20.1	YES	616
19	1400	1.17	100	117	13.00	7.35	18.1	YES	500
20	1100	1.23	100	123	12.70	7.32	18.3	YES	504
21	1000	1.12	100	112	12.70	7.38	18.5	YES	501
22	1100	1.08	100	108	13.80	7.33	16.8	YES	373
23	1100	1.00	100	100	11.40	7.54	21.3	YES	316
24	1100	1.07	100	107	13.30	7.64	19.5	YES	363
25	1100	1.05	100	105	14.00	7.56	18.0	YES	431
26	1030	1.07	100	107	12.30	7.65	21.0	YES	484
27	930	1.00	100	100	11.60	7.71	22.3	YES	449
28	930	1.07	100	107	10.90	7.71	23.5	YES	497
29	1130	1.06	100	106	10.40	7.71	24.3	YES	402
30	900	1.06	100	106	10.50	7.69	23.9	YES	584
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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