

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill

Conventional or Direct Filtration

Month/Year: Dec-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	0.018	off	0.018	0.019	0.018	0.047
2	0.019	0.017	0.017	0.020	0.021	0.019	0.068
3	0.017	off	off	0.019	0.024	0.021	0.075
4	0.022	0.018	0.018	0.024	0.018	0.018	0.059
5	0.026	off	0.020	0.018	0.018	0.020	0.046
6	0.020	0.018	0.022	0.020	0.019	0.019	0.085
7	0.018	0.018	0.018	0.019	0.018	0.018	0.047
8	off	off	off	0.018	0.019	0.019	0.035
9	0.018	0.018	0.018	0.019	0.018	0.018	0.052
10	0.018	0.017	0.017	0.023	0.018	0.018	0.046
11	0.018	0.018	0.018	0.021	0.018	off	0.055
12	off	off	0.022	off	0.022	0.020	0.052
13	0.018	0.018	0.018	0.022	0.020	0.018	0.030
14	0.018	0.018	0.018	0.018	0.025	0.022	0.033
15	0.022	0.020	0.020	off	0.025	0.020	0.050
16	off	off	0.024	0.022	0.026	0.022	0.049
17	0.020	0.019	0.019	0.019	0.033	0.031	0.151
18	off	off	0.021	0.036	0.036	0.020	0.134
19	0.027	0.023	0.024	0.050	0.027	0.018	0.144
20	0.017	0.017	0.018	0.025	0.020	0.018	0.063
21	0.017	0.017	0.022	0.018	0.018	0.018	0.088
22	0.017	0.050	0.041	0.022	0.021	0.018	0.098
23	0.018	0.018	0.018	0.025	0.023	0.018	0.093
24	0.018	0.018	0.017	0.020	0.019	0.018	0.029
25	0.018	0.018	off	0.020	0.019	0.018	0.027
26	0.019	off	off	0.024	off	0.042	0.154
27	0.071	0.125	0.022	0.021	0.018	0.077	0.221
28	0.022	0.018	0.018	off	0.019	0.017	0.033
29	0.017	0.018	0.022	0.022	0.019	0.021	0.112
30	0.019	0.019	0.019	off	0.021	0.019	0.074
31	0.019	off	0.019	0.020	0.020	0.056	0.088

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings $\leq$ 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 $\geq$ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings $\leq$ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE <sup>2</sup> triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:	PRINTED NAME: Justin R. Madsen
	SIGNATURE: <i>Justin R. Madsen</i> DATE: 11/21/25
	PHONE #: (907) 437 2603 CERT #: 6997

<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: Dec-24	Disinfection Giardia Log Inactive: 0.5
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Date / Time	Residual at 1st User ( C ) 3	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow	
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]	
1	1000	1.02	100	102	10.3	7.69	24.2	YES	502
2	1100	1.09	100	109	11.4	7.76	23.2	YES	441
3	1030	1.07	100	107	10.8	7.61	22.8	YES	555
4	830	1.10	100	110	9.9	7.62	24.4	YES	544
5	830	1.00	100	100	9.5	7.67	25.2	YES	820
6	1100	1.04	100	104	10.1	7.60	23.8	YES	464
7	1000	1.05	100	105	12.4	7.61	20.5	YES	638
8	900	1.08	100	108	11.5	7.58	21.6	YES	524
9	900	1.09	100	109	10.1	7.56	23.6	YES	685
10	900	1.13	100	113	11.5	7.58	21.7	YES	745
11	930	1.12	100	112	10.70	7.66	23.5	YES	495
12	900	1.15	100	115	10.30	7.61	23.8	YES	544
13	1000	1.17	100	117	11.00	7.63	23.0	YES	492
14	1230	1.14	100	114	11.00	7.63	22.9	YES	651
15	1130	1.06	100	106	10.00	7.53	23.4	YES	541
16	1300	1.02	100	102	9.00	7.53	24.9	YES	562
17	1130	1.00	100	100	10.70	7.55	22.3	YES	543
18	1100	1.01	100	101	12.40	7.51	19.7	YES	562
19	1100	1.14	100	114	12.70	7.53	19.6	YES	567
20	1000	1.11	100	111	11.60	7.57	21.5	YES	562
21	530	1.06	100	106	13.20	7.60	19.3	YES	557
22	930	1.02	100	102	11.80	7.73	22.2	YES	631
23	900	1.01	100	101	13.30	7.64	19.4	YES	638
24	900	1.00	100	100	13.40	7.62	19.1	YES	469
25	730	0.96	100	96	12.60	7.74	20.9	YES	512
26	1000	0.94	100	94	12.20	7.80	21.9	YES	601
27	830	0.98	100	98	11.90	7.75	22.1	YES	524
28	830	1.02	100	102	12.60	7.88	22.2	YES	571
29	930	1.04	100	104	12.30	7.76	21.7	YES	531
30	1000	1.16	100	116	11.80	8.06	25.3	YES	606
31	1000	1.15	100	115	11.90	7.78	22.8	YES	480

<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