

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill
 Month/Year: Jan-25

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	0.021	0.019	0.019	0.022	0.019	off	0.043
2	off	off	off	0.019	0.019	0.019	0.080
3	0.019	0.019	0.019	0.022	0.019	0.055	0.066
4	0.019	0.019	0.025	0.053	0.022	off	0.217
5	off	off	0.024	0.021	0.020	0.019	0.068
6	0.019	off	0.048	0.021	0.019	0.019	0.223
7	off	off	off	off	0.019	0.019	0.083
8	0.019	0.019	0.019	0.021	0.021	0.021	0.054
9	0.019	0.019	0.019	0.021	0.021	0.021	0.054
10	0.019	0.019	0.019	0.020	off	off	0.027
11	off	0.023	0.021	0.019	0.019	0.019	0.027
12	off	off	0.019	0.023	0.021	0.019	0.063
13	off	off	off	0.019	0.019	off	0.172
14	off	off	0.021	0.019	0.019	off	0.069
15	0.021	0.019	0.019	0.021	0.020	0.028	0.051
16	0.019	0.019	0.019	0.021	0.020	0.019	0.137
17	0.020	0.027	off	0.022	0.028	0.023	0.063
18	0.023	0.021	0.021	0.023	0.025	0.020	0.053
19	0.023	0.021	0.021	0.060	0.021	0.021	0.073
20	0.025	0.021	0.028	0.032	0.021	0.021	0.061
21	0.032	0.023	0.021	off	0.036	0.031	0.069
22	off	off	0.031	0.021	0.019	0.019	0.068
23	0.019	0.019	0.019	0.023	0.020	0.019	0.116
24	0.019	0.019	0.019	0.019	0.022	0.019	0.035
25	off	0.022	0.022	0.029	off	0.022	0.044
26	0.022	0.021	0.022	0.025	0.021	0.019	0.193
27	0.021	off	0.023	0.021	0.022	0.022	0.132
28	0.019	0.019	off	0.019	0.021	0.019	0.117
29	0.019	0.019	0.019	0.024	0.020	0.019	0.145
30	0.019	0.019	0.022	off	0.021	0.021	0.064
31	0.019	0.019	0.019	0.019	0.019	0.029	0.113

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
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 ² triggers	Yes / No		
Notes:		PRINTED NAME: Justin R. Kiffos	
		SIGNATURE: [Signature]	DATE: 2/4/25
		PHONE #: 503 9377003	CERT #: 6997

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: Jan-25

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	1.16	100	116	13.4	7.64	19.6	YES	604
2 1000	1.16	100	116	12.7	7.58	20.0	YES	565
3 930	1.15	100	115	13.5	7.56	18.8	YES	503
4 1100	1.16	100	116	13.2	7.58	19.4	YES	585
5 1130	1.03	100	103	13.8	7.67	19.0	YES	486
6 1030	1.17	100	117	12.9	7.52	19.4	YES	502
7 1000	1.17	100	117	11.7	7.55	21.3	YES	622
8 900	1.16	100	116	12.7	7.58	20.0	YES	473
9 1300	1.12	100	112	11.7	7.63	21.8	YES	458
10 930	1.11	100	111	12.1	7.60	21.0	YES	540
11 1230	1.12	100	112	10.50	7.73	24.5	YES	402
12 1000	1.18	100	118	11.70	7.77	23.1	YES	851
13 1000	1.18	100	118	10.70	7.62	23.4	YES	551
14 1100	1.15	100	115	12.30	7.65	21.2	YES	559
15 930	1.10	100	110	10.50	7.73	24.4	YES	647
16 900	1.13	100	113	10.20	7.64	24.2	YES	617
17 1000	1.14	100	114	10.00	7.54	23.7	YES	577
18 930	1.13	100	113	10.00	7.50	23.3	YES	659
19 930	1.16	100	116	10.20	7.59	23.8	YES	659
20 930	1.16	100	116	8.60	7.80	28.6	YES	679
21 1300	1.13	100	113	8.10	7.77	29.2	YES	638
22 930	1.21	100	121	8.30	7.81	29.5	YES	722
23 1030	1.22	100	122	8.20	7.63	27.8	YES	646
24 930	1.20	100	120	8.60	7.64	27.1	YES	602
25 930	1.22	100	122	7.10	7.60	29.7	YES	541
26 9000	1.24	100	124	8.40	7.76	28.9	YES	572
27 1000	1.22	100	122	9.00	7.65	26.6	YES	606
28 1000	1.17	100	117	8.00	7.56	27.4	YES	654
29 930	1.16	100	116	7.60	7.64	28.9	YES	629
30 730	1.09	100	109	7.20	7.62	29.2	YES	672
31 1000	1.06	100	106	7.60	7.69	29.1	YES	545

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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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