

## OHA - Drinking Water Services -Turbidity Monitoring Report Form

County:

Yamhill

Conventional or Direct Filtration

Month/Year:

Mar-25

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	0.023	0.023	0.031	0.025	0.027	0.023	0.048
2	0.022	0.027	off	0.023	0.023	0.021	0.058
3	0.023	0.023	0.027	off	off	off	0.055
4	off	off	0.026	0.023	0.022	0.021	0.126
5	0.022	0.021	0.021	0.023	off	off	0.067
6	off	off	0.023	0.022	0.021	0.021	0.051
7	0.021	0.021	0.021	0.023	0.021	0.021	0.056
8	0.021	off	off	0.061	0.023	0.021	0.109
9	0.022	off	off	0.025	0.023	0.021	0.052
10	0.021	0.021	0.021	off	0.021	0.022	0.131
11	0.021	off	0.023	0.021	0.023	0.021	0.066
12	0.021	0.021	0.023	0.023	off	off	0.055
13	off	off	0.048	0.024	0.023	0.022	0.066
14	0.023	0.023	0.022	0.021	0.028	0.023	0.112
15	0.023	0.023	0.025	0.035	0.027	off	0.064
16	0.025	0.025	off	0.050	0.028	0.026	0.119
17	0.022	0.023	off	off	0.025	0.023	0.104
18	0.023	off	off	off	0.030	0.024	0.227
19	0.025	0.025	off	0.033	off	off	0.132
20	off	off	0.025	0.023	0.023	0.023	0.036
21	0.023	0.023	off	0.032	0.045	off	0.245
22	0.196	off	off	0.029	0.034	0.024	0.259
23	0.023	0.021	0.019	0.026	0.022	0.021	0.057
24	0.021	0.020	0.019	0.019	0.027	0.021	0.047
25	off	off	off	off	0.021	0.021	0.038
26	0.021	0.019	0.019	off	0.021	0.019	0.113
27	0.019	off	0.022	0.019	0.019	0.020	0.032
28	0.020	off	off	0.027	0.024	0.022	0.203
29	0.224	off	off	0.025	0.021	0.021	0.257
30	0.021	0.019	0.019	off	off	off	0.243
31	off	off	0.025	0.022	0.021	0.021	0.047

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings $\leq$ 0.3 NTU?	Yes / No	CT's met everyday? (see back)
All 4-hour turbidity readings $\leq$ 1 NTU?	Yes / No	All Cl <sub>2</sub> residual at entry point $\geq$ 0.2 mg/l?
All turbidity readings < IFE <sup>2</sup> triggers	Yes / No	

Notes:	PRINTED NAME: Justin R. Hughes	
	SIGNATURE: <i>Justin R. Hughes</i>	DATE: 4/1/25
	PHONE #: (503) 437 7003	CERT #: 6897

<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 Effic. (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: Mar-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	930	1.15	100	115	13.0	7.84	21.6	YES	428
2	930	1.06	100	106	14.0	7.77	19.5	YES	366
3	930	1.12	100	112	13.1	7.63	19.8	YES	365
4	930	1.12	100	112	11.5	7.62	22.0	YES	560
5	1000	1.15	100	115	12.6	7.65	20.7	YES	539
6	900	1.14	100	114	10.7	7.62	23.3	YES	506
7	900	1.14	100	114	12.3	7.65	21.1	YES	476
8	1100	1.05	100	105	10.6	7.77	24.4	YES	426
9	1200	1.05	100	105	10.6	7.78	24.5	YES	516
10	1100	1.09	100	109	12.0	7.57	20.9	YES	485
11	1100	1.03	100	103	9.50	7.58	24.5	YES	561
12	1100	0.99	100	99	10.80	7.60	22.6	YES	474
13	900	1.01	100	101	11.20	7.63	22.3	YES	504
14	1030	1.03	100	103	10.20	7.50	22.8	YES	505
15	1030	1.10	100	110	11.40	7.56	21.6	YES	573
16	1030	1.09	100	109	10.90	7.60	22.7	YES	416
17	900	1.23	100	123	10.90	7.63	23.3	YES	368
18	945	1.21	100	121	10.40	7.66	24.3	YES	398
19	1000	1.24	100	124	10.50	7.73	24.8	YES	413
20	930	1.24	100	124	10.90	7.63	23.3	YES	394
21	900	1.21	100	121	9.80	7.61	24.8	YES	553
22	900	1.19	100	119	9.70	7.69	25.6	YES	439
23	1100	1.22	100	122	10.90	7.71	23.9	YES	326
24	500	1.29	100	129	12.20	7.75	22.4	YES	476
25	1500	1.33	100	133	12.10	7.64	21.8	YES	673
26	1100	1.18	100	118	13.20	7.58	19.4	YES	37
27	930	1.17	100	117	13.00	7.61	19.9	YES	433
28	1100	1.21	100	121	15.00	7.57	17.2	YES	500
29	900	1.13	100	113	14.50	7.54	17.5	YES	403
30	900	1.14	100	114	14.40	7.58	17.9	YES	335
31	1300	1.09	100	109	11.40	7.69	22.6	YES	444

<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