OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Yamhill

Month/Year: Apr-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 [1] [NTU]
1	0.022	0.023	0.020	off	0.021	0.021	0.064
2	0.019	0.019	0.019	off	off	off	0.046
3	off	off	off	0.022	0.021	0.019	0.053
4	0.019	0.020	0.020	0.028	0.021	0.020	0.045
5	0.019	0.019	0.019	0.026	0.027	0.019	0.074
6	off	off	off	0.035	0.025	0.021	0.049
7	off	0.021	0.021	off	0.161	off	0.238
8	off	off	0.045	0.025	0.091	off	0.293
9	0.023	0.021	0.021	0.020	0.021	0.021	0.044
10	0.020	0.019	off	0.026	0.021	0.021	0.139
11	0.021	0.021	0.021	0.023	0.021	0.020	0.083
12	0.025	0.021	off	0.021	0.023	0.021	0.040
13	0.020	0.023	0.021	0.022	0.023	0.022	0.110
14	0.020	0.023	0.021	0.022	off	off	0.110
15	off	off	off	0.032	0.021	0.022	0.102
16	0.021	0.022	0.055	0.029	0.028	0.038	0.088
17	0.028	0.024	0.021	0.021	0.024	0.019	0.037
18	0.020	off	0.021	0.033	0.022	0.023	0.077
19	0.034	0.026	0.025	off	off	off	0.049
20	0.026	0.023	0.023	0.025	0.023	0.023	0.049
21	off	off	off	0.023	0.023	0.030	0.138
22	0.023	0.023	0.029	0.027	off	off	0.079
23	0.025	0.036	0.027	0.024	0.028	0.023	0.104
24	0.023	off	0.023	0.026	0.021	0.021	0.121
25	0.025	0.023	0.023	off	0.025	0.023	0.046
26	0.023	0.027	0.025	0.023	0.021	0.025	0.110
27	0.022	off	off	0.022	0.035	0.023	0.115
28	0.023	0.058	0.025	0.023	0.035	off	0.130
29	off	0.023	0.024	0.023	0.025	0.023	0.121
30	0.024	0.025	0.024	0.024	0.026	0.021	0.046
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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 Mabus

SIGNATURE: [signature] **DATE:** 5/11/25

PHONE # (971) 241 0900 **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:	Apr-25	Disinfection *Giardia* Log Inactiv:	0.5

	Date / Time	Minimum Cl_2 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	1100	1.08	100	108	14.7	7.67	18.0	YES	396
2	930	1.13	100	113	12.3	7.80	22.3	YES	382
3	1300	1.13	100	113	11.0	7.86	24.8	YES	409
4	900	1.18	100	118	11.6	7.86	24.0	YES	470
5	900	1.18	100	118	11.5	7.79	23.5	YES	368
6	1000	1.15	100	115	11.9	7.85	23.3	YES	356
7	1300	1.20	100	120	13.9	7.73	19.6	YES	572
8	1000	1.13	100	113	12.7	7.74	21.2	YES	431
9	1100	1.13	100	113	14.5	7.95	20.3	YES	472
10	1000	1.15	100	115	13.2	7.86	21.5	YES	480
11	1100	1.14	100	114	13.50	7.71	19.9	YES	518
12	1030	1.13	100	113	14.10	7.65	18.7	YES	426
13	1000	1.15	100	115	12.20	7.53	20.4	YES	472
14	900	1.11	100	111	12.70	7.62	20.2	YES	489
15	1130	1.09	100	109	12.80	7.64	20.2	YES	570
16	1130	1.14	100	114	13.60	7.57	18.8	YES	647
17	1100	1.19	100	119	16.40	7.57	15.7	YES	590
18	1030	1.23	100	123	13.40	7.55	19.1	YES	621
19	845	1.10	100	110	15.00	7.74	18.1	YES	477
20	900	1.08	100	108	13.90	7.85	20.3	YES	557
21	1030	0.98	100	98	14.70	7.81	18.7	YES	639
22	1000	1.00	100	100	14.60	7.86	19.2	YES	637
23	1100	1.05	100	105	14.70	7.84	19.1	YES	608
24	930	1.02	100	102	14.90	7.77	18.3	YES	743
25	730	1.02	100	102	15.50	7.77	17.6	YES	554
26	800	0.99	100	99	16.60	7.72	16.0	YES	566
27	930	1.00	100	100	14.90	7.81	18.5	YES	517
28	930	0.97	100	97	15.90	7.71	16.6	YES	582
29	900	0.99	100	99	16.30	7.71	16.2	YES	580
30	930	1.02	100	102	16.20	7.67	16.2	YES	1183
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[3] If Cl_2 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