

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

County: Yamhill

Conventional or Direct Filtration

Month/Year: Aug-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	off	off	0.029	0.033	0.034	0.036	0.072
2	0.035	0.034	0.040	0.034	0.034	0.035	0.061
3	0.037	off	off	0.037	0.037	0.033	0.051
4	0.034	0.035	0.032	0.036	0.040	off	0.066
5	0.034	0.032	0.027	0.039	0.028	0.030	0.058
6	0.031	0.030	0.028	0.039	0.028	0.030	0.054
7	0.031	0.034	0.040	0.028	0.038	0.046	0.061
8	off	off	0.032	0.087	0.032	0.036	0.087
9	0.040	0.031	0.027	0.044	0.030	0.034	0.053
10	0.038	off	off	0.032	0.034	0.036	0.067
11	0.042	0.038	0.033	0.032	0.034	0.036	0.050
12	0.033	0.032	0.035	off	off	0.051	0.091
13	0.058	0.040	0.038	0.042	0.046	0.038	0.044
14	0.037	0.040	0.042	off	0.034	0.038	0.209
15	off	off	0.029	0.034	0.036	0.037	0.038
16	0.029	0.026	0.033	0.031	0.030	off	0.041
17	off	off	0.024	0.037	0.055	0.038	0.129
18	0.037	0.035	off	0.036	0.028	off	0.133
19	off	off	0.026	0.037	0.032	0.035	0.155
20	0.033	0.034	0.035	0.032	off	0.026	0.136
21	0.057	0.031	off	0.036	0.035	off	0.094
22	0.043	0.036	off	0.045	0.045	0.044	0.112
23	0.054	0.036	0.035	0.044	0.046	0.038	0.129
24	0.043	0.039	0.046	0.056	0.043	0.040	0.098
25	0.045	0.043	0.042	0.044	0.048	0.053	0.133
26	0.054	0.051	0.047	0.045	0.039	0.039	0.107
27	0.035	0.051	0.039	0.050	0.037	0.044	0.097
28	0.056	0.046	off	0.049	off	off	0.118
29	0.036	0.070	0.040	0.038	off	off	0.066
30	0.036	0.045	0.042	0.038	off	off	0.083
31	0.036	0.045	0.038	0.038	0.046	off	0.065

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 Cl2 residual at entry point $\geq$ 0.2 mg/l?
All 4-hour turbidity readings $\leq$ 1 NTU?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE <sup>2</sup> triggers	Yes / No		

Notes:	PRINTED NAME: Justin N. Higgins	
	SIGNATURE: [Signature]	DATE: 9/5/25
	PHONE #: 503-437-7003	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: Aug-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? <sup>3</sup>	Peak Hourly Demand Flow
		[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1100	0.96	100	96	22.2	7.63	10.6	YES	795
2	1030	1.02	100	102	22.3	7.70	10.9	YES	829
3	930	1.04	100	104	21.7	7.64	11.1	YES	1523
4	900	1.09	100	109	21.6	7.63	11.2	YES	798
5	900	1.11	100	111	22.2	7.67	10.9	YES	1248
6	830	1.12	100	112	21.6	7.67	11.4	YES	841
7	1100	1.08	100	108	21.3	7.72	11.8	YES	1052
8	1300	1.17	100	117	20.6	7.69	12.3	YES	756
9	830	1.28	100	128	20.9	7.72	12.4	YES	1039
10	930	1.18	100	118	21.4	7.71	11.8	YES	847
11	930	1.35	100	135	22.60	7.60	10.6	YES	854
12	1300	1.28	100	128	23.90	7.61	9.7	YES	834
13	1000	1.04	100	104	23.40	7.65	9.9	YES	821
14	1100	1.14	100	114	23.20	7.63	10.1	YES	912
15	1100	1.13	100	113	23.90	7.63	9.6	YES	843
16	1000	1.23	100	123	23.10	7.57	10.0	YES	818
17	900	1.20	100	120	22.50	7.58	10.5	YES	833
18	1300	1.15	100	115	21.90	7.64	11.1	YES	768
19	1300	1.13	100	113	22.30	7.65	10.8	YES	786
20	1000	1.17	100	117	21.70	7.62	11.2	YES	878
21	1000	1.16	100	116	21.10	7.69	11.9	YES	852
22	930	1.10	100	110	21.20	7.69	11.8	YES	852
23	1100	1.09	100	109	21.30	7.71	11.7	YES	1500
24	930	1.00	100	100	21.70	7.73	11.4	YES	878
25	930	0.92	100	92	22.20	7.66	10.6	YES	830
26	900	1.02	100	102	23.10	7.63	10.0	YES	1186
27	1100	1.01	100	101	22.30	7.69	10.8	YES	1746
28	900	0.96	100	96	21.60	7.72	11.4	YES	1885
29	930	0.93	100	93	21.10	7.73	11.8	YES	862
30	930	0.96	100	96	20.90	7.67	11.7	YES	830
31	930	0.93	100	93	20.10	7.70	12.5	YES	850

<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