

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

## Conventional or Direct Filtration

County: Yamhill

Month/Year: Oct-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	0.045	0.044	0.047	0.052	off	0.135
2	off	off	0.039	0.032	0.033	0.036	0.158
3	0.036	0.047	off	0.043	0.038	0.033	0.279
4	0.033	off	off	0.034	0.033	0.032	0.279
5	0.031	0.029	off	0.041	0.033	0.029	0.131
6	0.039	off	off	off	off	0.041	0.064
7	0.038	0.031	0.030	0.038	0.034	0.040	0.077
8	0.054	0.035	off	0.062	0.080	0.030	0.116
9	0.034	off	0.054	0.048	0.046	off	0.114
10	off	0.036	0.042	0.079	0.051	off	0.092
11	off	0.045	0.040	off	0.057	off	0.120
12	off	0.053	off	0.050	0.040	off	0.121
13	0.033	0.038	0.034	off	0.040	off	0.088
14	0.066	0.046	0.032	0.066	0.046	off	0.103
15	off	0.031	0.044	0.045	0.046	0.044	0.089
16	off	0.041	0.044	0.054	0.043	0.041	0.078
17	0.031	0.032	0.074	0.042	0.041	off	0.076
18	off	0.065	0.041	0.041	0.075	0.056	0.140
19	0.035	0.037	0.032	0.074	off	off	0.149
20	0.029	0.033	0.064	0.064	0.040	off	0.094
21	0.034	0.049	0.030	0.043	off	off	0.049
22	0.034	0.033	off	off	0.053	0.043	0.105
23	0.034	0.061	off	off	off	off	0.139
24	0.061	0.048	0.066	0.046	off	off	0.255
25	off	0.034	off	off	0.049	0.040	0.070
26	0.032	0.034	0.037	off	0.042	0.043	0.103
27	0.040	off	0.053	0.085	0.040	0.077	0.183
28	0.044	0.038	0.045	0.037	off	0.045	0.175
29	0.033	0.036	off	0.042	0.037	0.038	0.100
30	0.040	0.042	0.043	0.035	0.038	0.030	0.232
31	0.030	0.029	off	0.041	0.027	0.027	0.109

## 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: *Taylor R. Nichols*SIGNATURE: *Taylor R. Nichols* DATE: *11/3/25*PHONE #: *(503) 437-7083* 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:	Oct-25	Disinfection Giardia Log Inactiv:	0.5
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Date / Time	Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
							formula	
	[ppm or mg/L]	[minutes]	C X T	° C			Yes / No	[GPM]
1	930	0.93	100	93	16.6	7.68	15.6	YES 809
2	1300	0.92	100	92	16.3	7.71	16.1	YES 1886
3	1000	1.01	100	101	16.2	7.69	16.3	YES 794
4	1000	0.99	100	99	16.3	7.78	16.7	YES 591
5	700	1.04	100	104	15.6	7.76	17.4	YES 973
6	1030	1.07	100	107	16.7	7.80	16.5	YES 872
7	900	1.13	100	113	17.3	7.75	15.7	YES 971
8	730	1.09	100	109	16.0	7.74	16.9	YES 1887
9	900	0.93	100	93	15.0	7.75	17.8	YES 1222
10	900	1.00	100	100	15.5	7.72	17.2	YES 756
11	930	1.05	100	105	16.50	7.72	16.2	YES 768
12	900	0.97	100	97	15.90	7.70	16.6	YES 718
13	900	1.03	100	103	15.80	7.70	16.8	YES 805
14	1000	0.97	100	97	16.40	7.71	16.1	YES 821
15	1430	0.98	100	98	14.20	7.70	18.6	YES 1126
16	930	0.97	100	97	14.30	7.68	18.3	YES 835
17	800	0.98	100	98	12.40	7.74	21.3	YES 777
18	1000	1.01	100	101	12.00	7.70	21.6	YES 846
19	1100	1.02	100	102	12.60	7.76	21.2	YES 725
20	930	0.98	100	98	13.80	7.78	19.6	YES 1486
21	930	0.96	100	96	13.50	7.69	19.3	YES 1233
22	1500	0.95	100	95	13.70	7.69	19.1	YES 725
23	1100	0.99	100	99	14.80	7.66	17.6	YES 764
24	800	1.04	100	104	13.80	7.66	18.9	YES 752
25	900	1.00	100	100	14.40	7.67	18.2	YES 674
26	730	1.07	100	107	14.00	7.67	18.8	YES 750
27	900	1.05	100	105	14.20	7.59	18.0	YES 770
28	1300	1.18	100	118	13.00	7.60	19.8	YES 757
29	1000	1.14	100	114	13.00	7.65	20.1	YES 853
30	1100	1.13	100	113	12.90	7.73	20.8	YES 807
31	1030	0.97	100	97	11.10	7.85	24.1	YES 1886

<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.dmc@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350