

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

County:

Yamhill

Conventional or Direct Filtration

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	off	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

All 4-hour turbidity readings  $\leq$  1 NTU?

Yes / No

All turbidity readings < IFE<sup>2</sup> triggers

Yes / No

CT's met everyday?  
(see back)

Yes / No

All Cl<sub>2</sub> residual at entry point  
 $\geq$  0.2 mg/l?

Yes / No

Notes:

PRINTED NAME:

SIGNATURE:

PHONE #:

DATE: 11/3/25

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**

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