

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Yamhill

Conventional or Direct Filtration

Month/Year: Dec-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	0.021	0.021	0.032	0.034	0.035	0.024	0.086
2	0.023	0.025	off	off	0.030	0.028	0.053
3	0.026	0.024	off	0.064	0.027	0.028	0.080
4	0.030	0.031	off	0.020	0.023	0.027	0.136
5	0.031	off	off	0.032	0.054	0.039	0.288
6	off	off	0.024	0.027	0.026	0.033	0.049
7	0.029	0.034	0.022	0.031	0.034	0.068	0.142
8	0.028	0.035	0.029	0.032	0.037	0.047	0.108
9	0.043	0.041	off	0.058	0.038	off	0.110
10	off	off	off	0.028	0.073	0.060	0.129
11	0.028	off	0.029	off	off	0.034	0.060
12	0.030	0.023	0.024	0.045	0.026	0.019	0.041
13	0.029	0.034	off	0.029	0.022	0.025	0.188
14	0.019	0.018	0.024	off	0.023	0.022	0.053
15	0.021	0.019	0.018	0.020	0.023	0.024	0.102
16	0.026	0.028	0.030	0.080	0.055	off	0.090
17	off	off	off	off	0.032	0.028	0.043
18	0.027	0.031	0.034	0.042	0.036	off	0.086
19	off	off	0.020	0.035	0.073	0.022	0.085
20	0.020	0.019	0.018	0.022	0.024	0.026	0.044
21	0.028	0.031	0.034	0.030	0.026	0.026	0.041
22	0.028	0.030	off	0.028	0.025	0.027	0.043
23	0.030	0.033	off	0.021	off	off	0.041
24	off	off	off	0.022	0.021	0.024	0.035
25	0.025	0.027	0.028	0.073	0.024	0.030	0.092
26	0.020	0.019	off	0.023	off	off	0.035
27	off	0.025	0.024	0.023	0.021	0.020	0.034
28	0.019	0.018	off	off	0.027	0.021	0.043
29	0.025	off	0.025	0.025	0.028	0.026	0.053
30	0.023	0.021	off	0.022	0.025	0.028	0.042
31	0.031	off	off	0.022	0.022	0.023	0.035

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 <sup>2</sup> triggers	Yes No		

Notes:	PRINTED NAME: Justin R. Roberts
	SIGNATURE: [Signature] DATE: 1/5/25
	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 Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :	A
Disinfection Giardia Log Inactiv:	0.5

System Name:	City of Willamina	ID#: 41	00953	Month/Year:	Dec-25
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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	900	1.06	100	106	11.6	7.66	22.0	YES	828
2	1300	1.16	100	116	10.6	7.68	24.0	YES	843
3	1300	1.07	100	107	11.4	7.68	22.5	YES	1295
4	900	1.07	100	107	12.2	7.74	21.8	YES	1005
5	1130	1.04	100	104	14.9	7.80	18.5	YES	935
6	1030	1.06	100	106	13.0	7.56	19.3	YES	1663
7	1000	0.97	100	97	11.9	7.55	20.6	YES	674
8	830	1.05	100	105	11.4	7.57	21.6	YES	646
9	1300	1.05	100	105	12.1	7.61	20.9	YES	747
10	1500	1.04	100	104	13.0	7.48	18.7	YES	750
11	900	1.02	100	102	12.50	7.47	19.2	YES	1345
12	830	1.02	100	102	13.70	7.55	18.2	YES	1887
13	830	0.99	100	99	12.00	7.76	22.0	YES	674
14	1130	1.10	100	110	11.20	8.07	26.3	YES	635
15	900	1.13	100	113	12.20	7.74	21.9	YES	677
16	900	1.24	100	124	14.30	7.52	17.8	YES	1886
17	900	1.08	100	108	12.10	7.51	20.3	YES	682
18	1030	1.15	100	115	13.00	7.56	19.5	YES	718
19	1030	1.05	100	105	11.80	7.56	21.0	YES	657
20	930	1.04	100	104	13.70	7.59	18.6	YES	678
21	930	1.05	100	105	13.30	7.57	18.9	YES	621
22	1300	1.10	100	110	12.70	7.62	20.2	YES	601
23	1100	1.08	100	108	13.90	7.61	18.5	YES	771
24	900	1.05	100	105	11.20	7.64	22.4	YES	636
25	1130	0.96	100	96	10.10	7.79	25.2	YES	783
26	530	0.94	100	94	12.90	8.10	23.3	YES	525
27	100	1.07	100	107	10.30	8.00	27.1	YES	688
28	1030	1.05	100	105	10.80	8.36	29.8	YES	560
29	1100	1.02	100	102	10.10	7.95	26.9	YES	800
30	930	1.00	100	100	10.30	7.79	25.0	YES	551
31	930	1.02	100	102	9.70	7.85	26.6	YES	590

<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