

OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration

County: Yamhill
 Month/Year: Jan-26

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	0.031	0.034	off	0.027	0.020	0.021	0.062
2	0.022	0.024	0.026	0.030	0.025	off	0.040
3	0.027	0.031	off	off	0.027	0.025	0.037
4	0.023	off	off	0.036	0.032	0.025	0.041
5	0.023	0.021	0.019	0.031	0.028	0.024	0.062
6	0.023	off	0.029	0.029	0.027	0.026	0.040
7	off	off	0.022	0.025	0.027	0.030	0.040
8	0.030	0.036	off	0.024	0.026	0.028	0.043
9	0.029	0.031	0.033	0.029	0.024	0.023	0.036
10	0.021	0.020	0.019	0.027	0.027	off	0.029
11	off	off	0.025	0.024	0.028	0.033	0.039
12	0.029	off	off	0.022	0.023	0.023	0.042
13	0.024	0.025	0.023	off	0.030	0.030	0.063
14	0.030	0.030	off	0.026	0.028	0.029	0.044
15	off	off	off	0.020	0.023	0.022	0.045
16	0.021	0.019	0.018	0.031	0.027	0.027	0.040
17	off	off	0.021	0.024	0.025	0.028	0.030
18	0.030	0.032	off	off	0.027	0.035	0.050
19	0.026	0.034	0.025	0.026	off	off	0.059
20	0.031	0.030	off	0.053	0.033	0.027	0.074
21	off	0.034	0.027	0.032	0.029	0.024	0.085
22	off	off	0.024	off	0.028	0.025	0.068
23	0.038	0.028	0.022	0.030	0.025	0.029	0.053
24	off	off	0.022	0.021	0.031	0.033	0.050
25	0.033	0.033	0.040	0.031	0.027	0.026	0.088
26	0.050	0.030	off	0.021	off	off	0.099
27	0.024	0.027	0.035	0.029	0.022	off	0.080
28	0.022	0.029	off	0.030	0.038	0.028	0.056
29	0.037	off	0.085	0.041	0.032	off	0.093
30	0.034	0.037	0.040	0.037	0.028	0.040	0.073
31	0.074	off	off	0.025	0.041	0.035	0.211

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE ² triggers	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No	PRINTED NAME: Justin R. R. GGS SIGNATURE: <i>Justin R. GGS</i> DATE: 2/2/26 PHONE #: (503) 437 7603 CERT #: 6997	
Notes:			

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: Jan-26

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? ³	Peak Hourly Demand Flow	
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]	
1	930	1.01	100	101	10.8	7.67	23.2	YES	518
2	900	1.03	100	103	10.1	7.72	24.8	YES	571
3	930	1.00	100	100	10.6	7.65	23.3	YES	644
4	930	0.94	100	94	12.9	7.68	20.0	YES	588
5	930	1.01	100	101	11.5	7.75	22.8	YES	640
6	1100	0.99	100	99	10.0	7.68	24.5	YES	599
7	1100	0.97	100	97	11.8	7.62	21.2	YES	625
8	1100	0.94	100	94	12.0	7.52	20.2	YES	551
9	1100	1.05	100	105	9.7	7.51	23.7	YES	553
10	930	1.13	100	113	9.0	7.50	24.9	YES	559
11	730	1.08	100	108	10.30	7.51	22.8	YES	691
12	830	1.17	100	117	12.00	7.57	21.0	YES	633
13	1100	1.16	100	116	11.90	7.53	20.9	YES	604
14	1000	1.10	100	110	11.80	7.64	21.7	YES	669
15	900	1.19	100	119	12.50	7.64	20.8	YES	634
16	900	1.20	100	120	11.30	8.08	26.5	YES	707
17	930	1.18	100	118	11.10	8.16	27.6	YES	577
18	1400	1.14	100	114	10.20	7.72	24.9	YES	642
19	1000	1.02	100	102	10.60	7.67	23.5	YES	666
20	1300	0.97	100	97	10.30	7.60	23.3	YES	587
21	930	0.98	100	98	9.00	7.59	25.3	YES	707
22	1300	0.94	100	94	9.60	7.66	24.8	YES	657
23	1100	0.85	100	85	9.30	7.66	25.1	YES	651
24	1100	1.08	100	108	8.60	7.63	26.7	YES	730
25	1100	1.12	100	112	8.80	7.71	27.2	YES	710
26	930	1.16	100	116	7.40	7.74	30.4	YES	678
27	1300	1.11	100	111	8.30	7.70	28.0	YES	719
28	900	0.98	100	98	9.30	7.71	25.9	YES	327
29	900	1.05	100	105	8.60	7.64	26.7	YES	669
30	1000	1.02	100	102	11.20	7.68	22.7	YES	664
31	1100	0.91	100	91	10.00	7.67	24.2	YES	678

³ If Cl₂ 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