

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County:

Yamhill

Conventional or Direct Filtration

Month/Year:

Feb-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	0.030	off	off	0.031	0.031	0.053	0.055
2	0.025	0.032	0.036	0.023	off	off	0.040
3	0.030	0.033	0.021	0.023	off	off	0.040
4	0.024	0.019	0.018	0.031	0.031	0.029	0.045
5	0.029	0.031	0.029	off	off	off	0.057
6	0.026	0.028	0.021	0.033	off	0.027	0.039
7	0.022	0.025	off	off	0.031	0.026	0.053
8	0.033	0.043	off	0.033	0.030	0.027	0.072
9	0.030	off	off	off	0.032	0.026	0.084
10	0.026	0.033	off	0.032	0.028	0.024	0.089
11	0.021	0.020	off	0.042	0.023	0.028	0.060
12	0.047	0.037	0.022	0.022	off	off	0.046
13	off	off	0.023	0.036	0.036	0.023	0.058
14	off	off	off	0.028	0.022	0.023	0.043
15	0.025	0.029	0.034	0.025	0.021	0.020	0.035
16	0.020	0.019	0.018	0.037	off	0.028	0.059
17	0.031	0.034	off	0.025	0.028	0.030	0.083
18	off	off	0.027	0.047	0.029	0.022	0.079
19	0.022	0.021	0.020	0.039	0.031	0.030	0.059
20	off	off	off	0.031	0.029	0.026	0.060
21	0.024	0.022	0.023	0.038	0.029	0.029	0.055
22	0.032	off	off	0.031	0.031	0.030	0.060
23	0.032	0.035	off	0.051	0.038	0.043	0.092
24	off	off	off	0.027	0.024	0.022	0.087
25	0.020	0.018	0.027	0.027	0.024	0.022	0.087
26	0.020	0.018	off	0.026	0.028	0.029	0.054
27	0.031	0.033	0.034	0.030	0.032	0.033	0.059
28	off	off	off	0.036	0.022	0.020	0.179
29							
30							
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes:	PRINTED NAME: Justin R Biggs	
	SIGNATURE: <i>Justin R Biggs</i>	DATE: 3/3/26
	PHONE #: (503) 437 7063	CERT #: 6897

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:	Feb-26	Disinfection Giardia Log Inactiv:	0.5
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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	1000	1.01	100	10.9	7.66	22.9	YES	640
2	1000	0.99	100	11.9	7.63	21.2	YES	582
3	1000	1.00	100	11.4	7.60	21.7	YES	673
4	900	1.10	100	11.4	7.67	22.5	YES	658
5	900	1.01	100	12.3	7.70	21.2	YES	641
6	900	0.93	100	10.9	7.69	23.0	YES	626
7	1200	1.00	100	8.9	7.74	26.9	YES	568
8	900	0.95	100	9.6	7.69	25.1	YES	605
9	1100	0.91	100	12.6	7.68	20.3	YES	679
10	1030	0.96	100	10.6	7.68	23.4	YES	623
11	1100	0.97	100	12.00	7.69	21.5	YES	672
12	900	1.01	100	10.20	7.72	24.5	YES	625
13	1030	1.04	100	12.50	7.62	20.3	YES	567
14	930	1.08	100	11.80	7.70	22.1	YES	593
15	1000	1.07	100	11.80	7.77	22.6	YES	562
16	1030	1.08	100	12.90	8.01	23.0	YES	650
17	900	1.11	100	10.40	7.84	25.6	YES	600
18	930	1.12	100	10.20	7.61	23.9	YES	615
19	1100	1.14	100	8.40	7.55	26.5	YES	631
20	1100	1.03	100	9.20	7.59	25.1	YES	680
21	1000	1.10	100	7.70	7.69	29.0	YES	541
22	700	1.08	100	8.70	7.73	27.5	YES	581
23	930	1.00	100	11.90	7.72	21.9	YES	636
24	1300	1.04	100	11.20	7.69	22.8	YES	527
25	1030	1.03	100	11.40	7.59	21.7	YES	561
26	1300	1.16	100	12.20	7.59	20.9	YES	633
27	1100	1.14	100	13.10	7.64	19.9	YES	600
28	1200	1.10	100	12.20	7.56	20.5	YES	569
29								
30								
31								

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