

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

County: Yamhill  
 Month/Year: Mar-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 <sup>1</sup> [NTU]
1	0.043	0.027	off	0.025	0.043	0.023	0.083
2	off	off	off	0.020	0.020	0.018	0.057
3	0.023	0.024	0.036	0.027	0.020	0.025	0.046
4	0.032	0.027	off	0.021	0.026	0.031	0.050
5	0.022	0.030	0.031	off	0.029	0.024	0.051
6	0.020	0.030	off	0.029	off	off	0.046
7	0.024	0.022	off	0.030	0.031	off	0.045
8	off	off	off	0.044	0.022	0.022	0.083
9	off	off	off	0.003	0.027	0.047	0.089
10	off	off	0.027	0.024	off	off	0.083
11	0.024	0.023	0.022	0.041	0.052	0.040	0.189
12	off	off	off	0.032	0.029	0.032	0.064
13	0.024	0.031	off	0.021	0.030	0.032	0.085
14	0.018	off	off	0.032	0.026	0.027	0.070
15	0.031	off	off	0.023	0.028	0.032	0.109
16	0.021	0.024	0.077	0.021	0.025	off	0.079
17	off	off	0.019	0.023	0.024	0.026	0.037
18	0.028	0.030	0.032	0.038	off	0.039	0.055
19	0.026	0.025	off	off	off	0.025	0.060
20	0.040	0.035	off	0.044	off	0.033	0.051
21	0.025	0.025	0.052	0.027	off	off	0.065
22	off	0.029	off	off	0.022	0.024	0.057
23	0.027	0.034	0.045	off	off	off	0.074
24	0.025	0.028	0.031	0.033	off	off	0.067
25	0.023	0.037	0.044	off	off	0.038	0.072
26	0.034	0.030	0.047	off	off	0.023	0.095
27	0.024	0.034	0.023	off	off	0.023	0.065
28	0.024	0.035	0.031	off	off	0.024	0.094
29	0.050	off	off	off	off	0.024	0.088
30	0.027	off	off	0.032	0.031	0.030	0.050
31	0.029	off	0.025	0.029	0.029	off	0.057

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
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. Higgins		
	SIGNATURE: <i>[Signature]</i>		DATE: 4/1/26
	PHONE #: (503) 437-7003		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:	Mar-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	930	1.10	100	110	12.2	7.56	20.5	YES	629
2	930	1.14	100	114	10.3	7.49	22.8	YES	644
3	1000	1.05	100	105	13.0	7.58	19.4	YES	631
4	900	1.09	100	109	13.9	7.61	18.6	YES	616
5	830	1.04	100	104	12.8	7.71	20.6	YES	624
6	1030	1.03	100	103	11.7	7.98	24.4	YES	608
7	930	1.06	100	106	11.3	7.92	24.6	YES	573
8	1030	1.04	100	104	11.4	7.97	24.8	YES	543
9	900	1.01	100	101	13.3	7.98	21.9	YES	593
10	930	1.06	100	106	12.7	7.70	20.7	YES	535
11	930	1.04	100	104	12.00	7.60	21.0	YES	606
12	930	1.01	100	101	12.20	7.64	20.9	YES	653
13	1000	1.11	100	111	10.90	7.55	22.3	YES	639
14	930	1.06	100	106	13.20	7.58	19.2	YES	557
15	1400	1.12	100	112	11.40	7.58	21.8	YES	509
16	1000	1.05	100	105	12.30	7.78	21.9	YES	501
17	1300	1.04	100	104	13.00	7.91	21.9	YES	561
18	1000	1.07	100	107	13.80	7.76	19.7	YES	575
19	930	1.09	100	109	13.10	7.82	21.1	YES	586
20	830	1.04	100	104	14.30	7.81	19.3	YES	513
21	1030	1.03	100	103	11.30	7.85	23.9	YES	526
22	930	1.04	100	104	11.40	7.79	23.3	YES	527
23	930	1.02	100	102	12.00	7.79	22.4	YES	621
24	1000	1.03	100	103	14.00	7.76	19.4	YES	716
25	900	1.03	100	103	12.80	7.65	20.1	YES	546
26	1400	1.03	100	103	14.40	7.65	18.1	YES	623
27	900	0.98	100	98	12.70	7.63	20.0	YES	557
28	1100	0.98	100	98	13.20	7.60	19.1	YES	519
29	900	0.98	100	98	13.20	7.59	19.1	YES	558
30	1000	0.99	100	99	10.40	7.63	23.4	YES	656
31	930	0.90	100	90	13.20	7.73	19.9	YES	539

<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