



Day	12AM (NTU)	4AM (NTU)	8AM (NTU)	NOON (NTU)	4PM (NTU)	8PM (NTU)	Highest (NTU)	Peak Hourly Flow (GPM)
1	OFF	OFF	OFF	OFF	0.026	0.026	0.026	400
2	OFF	OFF	OFF	OFF	0.024	0.025	0.025	397
3	OFF	OFF	0.026	OFF	0.028	0.027	0.028	398
4	OFF	OFF	OFF	OFF	0.028	0.026	0.028	416
5	OFF	OFF	OFF	0.025	0.027	OFF	0.027	416
6	OFF	0.023	OFF	0.028	0.032	OFF	0.032	418
7	OFF	OFF	0.027	0.027	OFF	OFF	0.027	408
8	OFF	OFF	OFF	0.026	0.029	OFF	0.029	416
9	OFF	OFF	OFF	0.032	OFF	OFF	0.032	409
10	0.031	OFF	OFF	0.028	0.027	0.028	0.031	403
11	OFF	OFF	OFF	0.025	OFF	0.025	0.025	429
12	OFF	OFF	OFF	0.028	0.027	OFF	0.028	410
13	OFF	OFF	0.027	0.027	OFF	OFF	0.027	414
14	OFF	OFF	0.026	0.030	0.033	OFF	0.033	418
15	OFF	OFF	OFF	0.030	0.031	OFF	0.031	418
16	OFF	OFF	OFF	0.028	0.026	OFF	0.028	406
17	OFF	OFF	OFF	0.025	0.024	0.025	0.025	412
18	OFF	OFF	OFF	OFF	0.032	0.029	0.032	403
19	OFF	OFF	OFF	OFF	0.027	0.024	0.027	409
20	OFF	OFF	0.025	0.028	OFF	OFF	0.028	413
21	OFF	OFF	OFF	0.026	0.025	OFF	0.026	402
22	OFF	OFF	OFF	0.024	0.027	OFF	0.027	403
23	OFF	OFF	0.027	0.030	0.033	OFF	0.033	427
24	OFF	OFF	OFF	0.031	0.028	OFF	0.031	421
25	OFF	OFF	OFF	0.027	0.030	OFF	0.030	424
26	0.028	OFF	OFF	0.025	OFF	OFF	0.028	421
27	OFF	OFF	OFF	0.029	0.025	OFF	0.029	415
28	OFF	OFF	OFF	0.024	0.024	OFF	0.024	409
29	OFF	OFF	0.025	0.027	OFF	OFF	0.027	405
30	OFF	OFF	0.026	0.025	0.028	OFF	0.028	429

<input type="checkbox"/> Monthly Summary				
You are using a Slow Sand or Cartridge Filter	95% of Turbidity readings < MCL <input checked="" type="checkbox"/> / N All Turbidity readings < 5 NTU <input checked="" type="checkbox"/> / N	CT's met every day <input checked="" type="checkbox"/> / No (see back of sheet)	Cl residual at entry point always ≥ .2 mg/l <input checked="" type="checkbox"/> / No	Cl Residual measured in 95% of distribution samples <input checked="" type="checkbox"/> / No

MCL is 0.5 for conventional and direct filtration and 1.0 for slow sand and diatomaceous earth filters

Signature: Paul Leland
 Date: 5/7/24

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP: WTP-A

System Name: Yamhill, City of

ID#: OR4100968

Month/Year: Apr-24

Disinfection Giardia
Log Inactiv: 0.500

0.500

Date / Time	Residual at 1st User (C) ^a	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]
1/22:00	0.6	80.00	44.4	9.4	8.1	28.6	YES	403
2/22:00	0.5	80.00	43.8	9.9	8.1	27.5	YES	401
3/23:00	0.6	80.00	46.3	8.8	8.1	29.8	YES	406
4/10:00	0.5	80.00	44.0	8.6	8.1	30.3	YES	399
5/16:00	0.6	80.00	46.4	7.8	8.2	32.5	YES	408
6/17:00	0.6	80.00	45.4	7.6	8.2	32.7	YES	415
7/14:00	0.6	80.00	48.3	7.9	8.1	31.4	YES	407
8/17:00	0.6	80.00	45.9	8.1	8.1	31.0	YES	414
9/14:00	0.6	80.00	46.3	8.6	8.1	29.9	YES	409
10/21:00	0.6	80.00	45.0	9.3	8.1	28.5	YES	405
11/10:00	0.5	80.00	43.0	9.1	8.1	28.8	YES	401
12/18:00	0.6	80.00	44.4	9.7	8.2	28.6	YES	408
13/11:00	0.6	80.00	45.1	9.8	8.1	27.5	YES	413
14/14:00	0.6	80.00	44.4	9.8	8.2	28.3	YES	413
15/18:00	0.9	80.00	68.3	10.0	8.2	28.6	YES	411
16/14:00	0.6	80.00	47.0	9.5	8.1	28.6	YES	403
17/22:00	0.6	80.00	47.2	9.0	8.1	29.2	YES	413
18/21:00	0.6	80.00	45.7	9.4	8.2	29.2	YES	403
19/20:00	0.6	80.00	44.9	10.0	8.1	27.1	YES	409
20/10:00	0.6	80.00	48.4	9.6	8.1	28.1	YES	408
21/14:00	0.6	80.00	46.7	8.8	8.1	29.7	YES	397
22/14:00	0.6	80.00	49.0	9.1	8.2	29.6	YES	402
23/10:00	0.7	80.00	57.8	9.1	8.2	30.3	YES	404
24/10:00	0.5	80.00	42.8	9.6	8.2	28.6	YES	401
25/16:00	0.6	80.00	44.9	9.5	8.1	28.2	YES	421
26/1:00	0.5	80.00	40.1	9.5	8.1	28.0	YES	403
27/18:00	0.6	80.00	46.3	9.1	8.1	29.0	YES	413
28/16:00	0.6	80.00	48.8	9.4	8.2	28.9	YES	408
29/14:00	0.6	80.00	49.7	9.3	8.2	29.3	YES	403
30/14:00	0.6	80.00	46.5	8.5	8.1	30.2	YES	421

³ If Cl2 at entry point < 0.2 mg/l or CT not met, DWS to be notified by end of next business day.

Revised October 2013

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Oregon Health Authority Drinking Water Section

Turbidity Monitoring Report Form

System Name: Yamhill, City of

ID#: OR4100968

April-24