## **OHA - Drinking Water Services - Turbidity Monitoring Report Form**

County: **Conventional or Direct Filtration** Month/Year:

Curry Oct./2021

tem Name:	C	ity of Port Orfo	rd	WTP-A: W			<del></del>	
Day	12 AM 4 AM 8 AM			NOON	4 PM	8 PM	Highest Reading of the Day <sup>1</sup> [NT	
Day	[NTU]	[NTU]	[NTU]	[NTU]	[NTU]	[NTU]	righest Reading C	ittle Day [NT
1			0.02	0.02	0.03	0.02	0.0	)3
2			0.02	0.02	0.02	0.02	0.02	
3		was a second and the second second second	0.02	0.03	0.02	0.02	0.03	
4			0.02	0.02	0.02	0.02	0.0	2
5			0.02	0.02	0.02	0.02	0.0	2
6			0.02	0.02	0.02	0.02	0.02	
7	0.02		0.02	0.02	0.02	0.02	0.02	
8			0.02	0.02	0.02	0.02	0.02	
9			0.02	0.02	0.02	0.02	0.02	
10			0.03	0.03	0.03	0.03	0.03	
11			0.03	0.03	0.03	0.03	0.03	
12			0.03	0.03	0.03		0.03	
13			0.02	0.02	0.02	0.02	0.02	
14			0.02	0.02	0.02		0.02	
15			0.02	0.02	0.02	0.02	0.02	
16			0.02	0.02	0.02		0.02	
17			0.02	0.02			0.02	
18				0.02			0.0	2
19				0.03	0.03	0.03	0.03	
20			No	Entries				
21			No	Entries				
22						0.07	0.07	
23				0.07	0.06	0.03	0.07	
24	0.06			0.04	0.06	0.06	0.06	
25					0.02	0.03	0.03	
26	0.03		0.02	0.02	0.02	0.03	0.03	
27			0.03				0.03	
28				0.05	0.04	0.03	0.05	
29	0.03		0.03	0.03	0.03		0.03	
30					0.03	0.02	0.0	3
31	0.02	0.02	0.02	0.02	0.02		0.02	
	Conventional or Direct Filtration					Monthly Summary (Answer Yes or No)		
95% of 4-hour turbidity readings ≤ 0.3 NTU?  All 4-hour turbidity readings ≤ 1 NTU?  Yes / No					CT's met everyday? (see back)		All Cl2 residual at entry point ≥ 0.2 mg/l?	
All	turbidity reading	gs < IFE <sup>2</sup> triggers	<b>S</b>	(Yes)/ No				
tes:	Dave	igitally signed by Dave Terrusa N: cn=Dave Terrusa, c=US, o=h ystem Consulting, ou=DRC, mail=treatment6930@gmail.com	H2o	David Terrusa  SIGNATURE: S/Dave Terrusa 11.			11/3/2021	
Τe	rrusa	mail=treatment6930@gmail.com eason: I have reviewed this doc ocation: (541) 253-7556 ate: 2021.11.03 18:00:02 -07'00	ument		541-253-7556	D/Dave lei	. <u> </u>	CERT# 6930

<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 City of Port Orford ID# 4100670 Month/Year: 00t./2021 System Name: 1 Log Inactive:

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	рН	Required CT	CT Met? 3	Peak Hourly Demand Flow
	[ppm ormg/l]	[minutes]	CXT	[° C]		formula	Yes / No	[GPM]
1@1pm	1.2	37.5	45.0	14.0	7.30	33.3	YES	255
2@1pm	1.2	37.5	45.0	14.0	7.30	33.3	YES	255
3@1pm	1.2	37.5	45.0	14.0	7.20	32.1	YES	255
4@1pm	1.2	37.5	45.0	14.0	7.20	32.1	YES	255
5@1pm	1.2	37.5	45.0	14.0	7.20	32.1	YES	255
6@1pm	1.2	37.5	45.0	13.0	7.30	35.6	YES	255
7@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	255
8@1pm	1.3	37.5	48.8	12.0	7.30	38.9	YES	255
9@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	255
10@1pm	1.2	37.5	45.0	12.0	7.30	38.4	YES	255
11@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	255
12@1pm	1.1	37.5	41.3	12.0	7.30	38.0	YES	255
13@1pm	1.2	37.5	45.0	11.0	7.20	39.6	YES	255
14@1pm	1.2	37.5	45.0	11.0	7.30	41.0	YES	255
15@1pm	1.2	37.5	45.0	11.0	7.30	41.0	YES	255
16@1pm	1.2	37.5	45.0	11.0	7.20	39.6	YES	255
17@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	255
18@1pm	1.1	37.5	41.3	12.0	7.20	36.7	YES	255
19@1pm	1.2	37.5	45.0	11.0	7.20	39.6	YES	255
20@1pm	No	Entries	#VALUE!			#VALUE!	#VALUE!	
21@1pm	No	Entries	#VALUE!			#VALUE!	#VALUE!	
22@10pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	255
23@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	255
24@1pm	1.2	37.5	45.0	12.0	7.30	38.4	YES	255
25@1pm	1.2	37.5	45.0	12.0	7.30	38.4	YES	255
26@1pm	1.2	37.5	45.0	12.0	7.30	38.4	YES	255
27@6pm	1.2	37.5	45.0	13.0	7.30	35.6	YES	255
28@1pm	1.2	37.5	45.0	13.0	7.30	35.6	YES	255
29@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
30@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
31@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	255

<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 July 2018

Return by 10th of following month by email, fax, or mail to: <a href="mailto:dwp.dmce@state.or.us">dwp.dmce@state.or.us</a>; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

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Digitally signed by Dave Terrusa
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Reason: I have reviewed this document
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Date: 2021.11.03 18:00.40 -07'00'