

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Curry**  
 Month/Year: **Jun-22**

Conventional or Direct Filtration

System Name: **City of Port Orford** **4100670** WTP-A: **WTP-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			0.03	0.03	0.03		0.03
2			0.03	0.03	0.03		0.03
3			0.03	0.03	0.03		0.03
4			0.03	0.03	0.03		0.03
5			0.03				0.03
6			0.12	0.03	0.03	0.03	0.12
7			0.03	0.03	0.03	0.03	0.03
8			0.03	0.03	0.03	0.03	0.03
9			0.03	0.03	0.03		0.03
10			0.03	0.03	0.03		0.03
11				Plant	Off		
12			0.03	0.03	0.03	0.03	0.03
13			0.03	0.03	0.03	0.03	0.03
14			0.03	0.03	0.03	0.03	0.03
15			0.03	0.03	0.03	0.03	0.03
16			0.03	0.03	0.03	0.03	0.03
17			0.03	0.03	0.03	0.03	0.03
18			0.03	0.03	0.03		0.03
19			0.03	0.03	0.03		0.03
20			0.03	0.03	0.03	0.03	0.03
21			0.03	0.03	0.03	0.04	0.04
22			0.03	0.04	0.04	0.04	0.04
23			0.04	0.04	0.04	0.04	0.04
24			0.04	0.02	0.03	0.03	0.04
25	0.03		0.02	0.02	0.02	0.02	0.03
26			0.02	0.02	0.02		0.02
27			0.02	0.02	0.02	0.02	0.02
28			0.02		0.02	0.02	0.02
29			0.02	0.04	0.02	0.02	0.04
30			0.02	0.03	0.02	0.03	0.03
31							

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<b>Yes / No</b>	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>
All turbidity readings < IFE <sup>2</sup> triggers	<b>Yes / No</b>		

**Notes:** Digitally signed by Dave Terrusa  
 DN: cn=Dave Terrusa, c=US, o=H2o System Consulting, ou=DRC,  
 email=treatment6930@gmail.com  
 Reason: I have reviewed this document  
 Location: (541) 253-7556  
 Date: 2022.07.03 13:53:14 -07'00'

**David Terrusa**  
**SIGNATURE:** S/David Terrusa **7/2/2022**  
**541-253-7556** **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:

System Name:	City of Port Orford	ID# 4100670	Month/Year:	Jun-22	Disinfection <i>Giardia</i> Log Inactive:	1
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm ormg/l]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
2@1pm	1.2	37.5	45.0	13.0	7.30	35.6	YES	255
3@1pm	1.2	37.5	45.0	13.0	7.30	35.6	YES	255
4@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
5@8:30am	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
6@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
7@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
8@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
9@1pm	1.3	37.5	48.8	14.0	7.20	32.5	YES	255
10@1pm	1.2	37.5	45.0	14.0	7.20	32.1	YES	255
11@1pm				Plant	Off			
12@1pm	1.2	37.5	45.0	14.0	7.20	32.1	YES	255
13@1pm	1.4	37.5	52.5	13.0	7.20	35.1	YES	255
14@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
15@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
16@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
17@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
18@1pm	1.2	37.5	45.0	13.0	7.30	35.6	YES	255
19@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
20@1pm	1.2	37.5	45.0	13.0	7.30	35.6	YES	255
21@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
22@1pm	1.2	37.5	45.0	14.0	7.30	33.3	YES	255
23@1pm	1.2	37.5	45.0	14.0	7.30	33.3	YES	255
24@1pm	1.2	37.5	45.0	14.0	7.30	33.3	YES	255
25@1pm	1.2	37.5	45.0	14.0	7.20	32.1	YES	255
26@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
27@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
28@1pm	1.2	37.5	45.0	14.0	7.20	32.1	YES	255
29@1pm	1.2	37.5	45.0	14.0	7.30	33.3	YES	255
30@1pm	1.2	37.5	45.0	14.0	7.30	33.3	YES	255
31@1pm								

<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:

dwp\_dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350