

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Curry**

Conventional or Direct Filtration

Month/Year: **Aug./2022**

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 ¹ [NTU]
1			0.04	0.04	0.04	0.04	0.04
2			0.05	0.03	0.03	0.03	0.05
3			0.03	0.03	0.03	0.03	0.03
4			0.03	0.04	0.03		0.04
5			0.03	0.03	0.03	0.03	0.03
6			0.03	0.03	0.03	0.03	0.03
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	0.03
10			0.03	0.03	0.03	0.03	0.03
11			0.03	0.04	0.03	0.03	0.04
12			0.03	0.03	0.03	0.03	0.03
13				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	0.03
19			0.03	0.03	0.03		0.03
20			0.03	0.03	0.03		0.03
21			0.03	0.03	0.03	0.03	0.03
22			0.03	0.03	0.03	0.03	0.03
23			0.02	0.02	0.02	0.02	0.02
24			0.02	0.02	0.02	0.02	0.02
25			0.02	0.02	0.02	0.02	0.02
26			0.02	0.02	0.03	0.03	0.03
27			0.03	0.03	0.03	0.03	0.03
28			0.02	0.02	0.02	0.02	0.02
29			0.02	0.02	0.02	0.02	0.02
30			0.02	0.02	0.02	0.02	0.02
31			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?	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> 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 <input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE ² triggers	Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No		

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: 2022.09.01 18:53:39 -0700'	David Terrusa	
	SIGNATURE:	
	541-253-7556	CERT# 6930

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 Port Orford	ID# 4100670	Month/Year:	Aug./2022	Disinfection Giardia Log Inactive:	1
---------------------	---------------------	-------------	-------------	-----------	---	---

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm ormg/l]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1@1pm	1.2	37.5	45.0	16.0	7.30	29.1	YES	255
2@1pm	1.2	37.5	45.0	16.0	7.30	29.1	YES	255
3@1pm	1.2	37.5	45.0	16.0	7.30	29.1	YES	255
4@1pm	1.2	37.5	45.0	16.0	7.30	29.1	YES	255
5@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
6@1pm	1.2	37.5	45.0	16.0	7.30	29.1	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	16.0	7.20	28.1	YES	255
9@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
10@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
11@1pm	1.2	37.5	45.0	16.0	7.30	29.1	YES	255
12@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
13@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
14@1pm	1.2	37.5	45.0	16.0	7.30	29.1	YES	255
15@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
16@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
17@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
18@1pm	1.2	37.5	45.0	16.0	7.30	29.1	YES	255
19@1pm	1.2	37.5	45.0	17.0	7.30	27.3	YES	255
20@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
21@1pm	1.2	37.5	45.0	17.0	7.30	27.3	YES	255
22@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
23@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
24@1pm	1.2	37.5	45.0	17.0	7.20	26.3	YES	255
25@1pm	1.2	37.5	45.0	17.0	7.20	26.3	YES	255
26@1pm	1.2	37.5	45.0	17.0	7.20	26.3	YES	255
27@1pm	1.2	37.5	45.0	17.0	7.20	26.3	YES	255
28@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
29@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
30@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
31@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255

³ If Cl₂ 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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350