

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Curry**

Conventional or Direct Filtration

Month/Year: **Sept./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 <sup>1</sup> [NTU]
1			0.02	0.02	0.02	0.02	0.02
2			0.02	0.02	0.03	0.02	0.03
3			0.02	0.02	0.02		0.02
4				0.03	0.03	0.03	0.03
5			0.03	0.03			0.03
6				0.06	0.05		0.06
7			0.03	0.03	0.02	0.02	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	0.03
11			0.03	0.04	0.04		0.04
12			0.02	0.02	0.02	0.03	0.03
13			0.02	0.02	0.02	0.02	0.02
14	0.03		0.03	0.03	0.03	0.03	0.03
15			0.03	0.03	0.03	0.03	0.03
16			0.03	0.04	0.04	0.04	0.04
17	0.03		0.03	0.02	0.02		0.03
18			0.02	0.03	0.03	0.02	0.03
19			0.03	0.03	0.03	0.03	0.03
20			0.03	0.04	0.05	0.03	0.05
21			0.03	0.03	0.04		0.04
22			0.04	0.03	0.03	0.03	0.04
23			0.03	0.03	0.03	0.03	0.03
24	0.03		0.03	0.03	0.03		0.03
25			0.03	0.03	0.03	0.03	0.03
26			0.03	0.03	0.03	0.03	0.03
27			0.03	0.03	0.03	0.03	0.03
28			0.03	0.03	0.03		0.03
29			0.03	0.03	0.03	0.03	0.03
30			0.03	0.03	0.03	0.03	0.03
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE <sup>2</sup> triggers <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: 2022.10.03 12:36:28 -07'00'

**David Terrusa**  
**SIGNATURE: Electronic signature** **10/3/2022**  
**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**

<b>System Name:</b>	City of Port Orford	ID# 4100670	Month/Year:	Sept./2022	<b>WTP-A:</b>
					Disinfection <i>Giardia</i> Log Inactive:
					1

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	16.0	7.20	28.1	YES	255
2@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
3@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
4@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
5@1pm	1.2	37.5	45.0	16.0	7.30	29.1	YES	255
6@1pm	1.2	37.5	45.0	16.0	7.20	28.1	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	1.3	37.5	48.8	16.0	7.20	28.4	YES	255
10@1pm	1.3	37.5	48.8	16.0	7.20	28.4	YES	255
11@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
12@1pm	1.2	37.5	45.0	16.0	7.30	29.1	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	15.0	7.30	31.1	YES	255
16@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
17@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
18@1pm	1.2	37.5	45.0	14.0	7.30	33.3	YES	255
19@1pm	1.2	37.5	45.0	15.0	7.30	31.1	YES	255
20@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
21@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
22@1pm	1.2	37.5	45.0	15.0	7.30	31.1	YES	255
23@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
24@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
25@1pm	1.2	37.5	45.0	15.0	7.20	30.0	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	15.0	7.30	31.1	YES	255
28@1pm	1.2	37.5	45.0	15.0	7.30	31.1	YES	255
29@1pm	1.2	37.5	45.0	15.0	7.30	31.1	YES	255
30@1pm	1.2	37.5	45.0	15.0	7.20	30.0	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](mailto:dwp_dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350