

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Curry**

Conventional or Direct Filtration

Month/Year: **Oct.-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	0.03		0.03	0.03	0.03		0.03
2			0.03	0.02	0.02	0.02	0.03
3			0.03	0.02	0.03		0.03
4			0.03	0.03	0.03	0.03	0.03
5			0.03	0.03	0.03	0.03	0.03
6			0.03	0.03	0.03		0.03
7			0.03	0.03	0.02	0.02	0.03
8			0.02	0.02	0.02		0.02
9			0.02				0.02
10				0.04	0.03	0.03	0.04
11			0.02	0.02	0.02	0.02	0.02
12			0.02	0.02	0.02	0.02	0.02
13			0.02	0.03	0.02	0.03	0.03
14			0.02	0.02	0.03	0.03	0.03
15			0.03	0.03	0.03		0.03
16			0.03	0.02	0.03		0.03
17			0.02	0.02	0.03	0.03	0.03
18			0.03	0.03	0.03	0.03	0.03
19			0.02		0.03	0.03	0.03
20					0.03	0.03	0.03
21			0.03	0.02	0.03	0.03	0.03
22			0.03	0.04	0.04	0.03	0.04
23			0.03	0.04	0.04	0.03	0.04
24			0.04	0.04	0.03		0.04
25			0.03	0.02	0.02	0.02	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	0.03
29			0.03	0.03	0.03		0.03
30			0.03	0.03	0.03	0.03	0.03
31			0.03	0.03	0.03		0.03

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All turbidity readings < IFE ² triggers	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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: (641) 253-7556
 Date: 2022.11.01 17:18:05 -07'00'

David Terrusa
SIGNATURE: Electronic 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: Oct. 2022	Disinfection <i>Giardia</i> 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	15.0	7.20	30.0	YES	255
2@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
3@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
4@1pm	1.2	37.5	45.0	15.0	7.30	31.1	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	15.0	7.20	30.0	YES	255
7@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
8@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
9@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
10@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
11@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
12@1pm	1.2	37.5	45.0	14.0	7.20	32.1	YES	255
13@1pm	1.2	37.5	45.0	14.0	7.20	32.1	YES	255
14@1pm	1.2	37.5	45.0	14.0	7.30	33.3	YES	255
15@1pm	1.2	37.5	45.0	14.0	7.20	32.1	YES	255
16@1pm	1.2	37.5	45.0	14.0	7.20	32.1	YES	255
17@1pm	1.2	37.5	45.0	14.0	7.20	32.1	YES	255
18@1pm	1.2	37.5	45.0	14.0	7.30	33.3	YES	255
19@230pm	1.2	37.5	45.0	14.0	7.20	32.1	YES	255
20@4pm	1.2	37.5	45.0	14.0	7.20	32.1	YES	255
21@2pm	1.2	37.5	45.0	14.0	7.30	33.3	YES	255
22@1pm	1.2	37.5	45.0	14.0	7.20	32.1	YES	255
23@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
24@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
25@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	255
26@1pm	1.3	37.5	48.8	12.0	7.20	37.6	YES	255
27@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	255
28@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	255
29@1pm	1.3	37.5	48.8	12.0	7.30	38.9	YES	255
30@1pm	1.2	37.5	45.0	13.0	7.30	35.6	YES	255
31@1pm	1.2	37.5	45.0	13.0	7.20	34.3	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.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350