

OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration

County: **Curry**
 Month/Year: **Jan. / 2023**
 WTP-A: **WTP-A:**

System Name: **City of Port Orford** **4100670**

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	0.02		0.02	0.02	0.02		0.02
2			0.02	0.02	0.02	0.02	0.02
3	0.02		0.02	0.02	0.02	0.02	0.02
4	0.02		0.02	0.02	0.02	0.02	0.02
5			0.02				0.02
6			0.02	0.02	0.02	0.02	0.02
7	0.02			Plant	Off		0.02
8				Plant	Off		
9			0.02	0.02	0.02	0.02	0.02
10	0.01	0.01	0.01	0.01	0.01		0.01
11			0.02	0.02	0.02	0.02	0.02
12				Plant	Off		
13				Plant	Off		
14			0.02	0.02	0.02		0.02
15					0.02	0.02	0.02
16	0.02		0.02	0.02	0.02	0.02	0.02
17	0.02	0.02	0.02	0.02	0.02	0.02	0.02
18			0.02				0.02
19			0.02	0.02	0.02	0.02	0.02
20			0.02	0.02	0.02	0.02	0.02
21			0.02	0.02	0.02	0.02	0.02
22			0.02	0.02	0.02	0.02	0.02
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
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	0.02	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	CT's met everyday? (see back) Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes / No
All 4-hour turbidity readings ≤ 1 NTU? Yes / No		
All turbidity readings < IFE ² triggers Yes / No		

Notes:
 Digitally signed by Dave Terrusa
 DN: cn=Dave Terrusa, c=US, o=Water Treatment Systems, ou=DRC,
 email=treatment6930@gmail.com
 Reason: I agree to the terms defined by the placement of my signature on this document
 Location: PO Box 226; Langlois, OR. 97450
 Date: 2023.02.02 23:46:06 -08'00'

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: Jan. / 2023	Disinfection <i>Giardia</i> Log Inactive: 1
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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	10.0	7.30	43.8	YES	255
2@1pm	1.2	37.5	45.0	10.0	7.30	43.8	YES	255
3@1pm	1.2	37.5	45.0	10.0	7.30	43.8	YES	255
4@1pm	1.2	37.5	45.0	10.0	7.20	42.3	YES	255
5@1pm	1.2	37.5	45.0	10.0	7.20	42.3	YES	255
6@1pm	1.2	37.5	45.0	11.0	7.20	39.6	YES	255
7@1pm				Plant Off				
8@1pm				Plant Off				
9@1pm	1.2	37.5	45.0	11.0	7.20	39.6	YES	255
10@1pm	1.2	37.5	45.0	10.0	7.20	42.3	YES	255
11@1pm	1.2	37.5	45.0	11.0	7.20	39.6	YES	255
12@1pm				Plant Off				
13@1pm				Plant Off				
14@1pm	1.2	37.5	45.0	11.0	7.20	39.6	YES	255
15@1pm	1.2	37.5	45.0	11.0	7.20	39.6	YES	255
16@1pm	1.2	37.5	45.0	10.0	7.20	42.3	YES	255
17@1pm	1.3	37.5	48.8	10.0	7.20	42.8	YES	255
18@1pm	1.2	37.5	45.0	11.0	7.20	39.6	YES	255
19@1pm	1.2	37.5	45.0	10.0	7.20	42.3	YES	255
20@1pm	1.3	37.5	48.8	9.0	7.20	45.7	YES	255
21@1pm	1.3	37.5	48.8	9.0	7.20	45.7	YES	255
22@1pm	1.2	37.5	45.0	11.0	7.30	41.0	YES	255
23@1pm	1.3	37.5	48.8	9.0	7.20	45.7	YES	255
24@1pm	1.3	37.5	48.8	9.0	7.20	45.7	YES	255
25@1pm	1.4	37.5	52.5	9.0	7.20	46.2	YES	255
26@1pm	1.4	37.5	52.5	10.0	7.20	43.3	YES	255
27@1pm	1.4	37.5	52.5	10.0	7.20	43.3	YES	255
28@1pm	1.2	37.5	45.0	10.0	7.20	42.3	YES	255
29@1pm	1.3	37.5	48.8	9.0	7.20	45.7	YES	255
30@1pm	1.4	37.5	52.5	8.0	7.30	51.2	YES	255
31@1pm	1.4	37.5	52.5	8.0	7.20	49.4	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