

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: **Curry**
 Month/Year: **Feb-23**

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 ¹ [NTU]
1			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
4			0.02	0.02	0.02		0.02
5			PLANT	OFF			
6			0.02	0.02	0.02	0.02	0.02
7			0.02	0.02	0.02	0.02	0.02
8			0.02	0.02	0.02	0.02	0.02
9			0.02	0.02	0.02	0.02	0.02
10			0.02	0.02	0.02	0.02	0.02
11			0.02	0.02	0.02		0.02
12			0.03	0.02	0.02	0.02	0.03
13			0.02	0.02	0.02	0.02	0.02
14			0.02	0.02	0.02	0.02	0.02
15			0.02	0.02	0.02		0.02
16			0.02	0.02	0.02	0.02	0.02
17			0.02	0.02	0.02	0.02	0.02
18			0.02	0.02	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
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
26			PLANT	OFF			
27			PLANT	OFF			
28							
29							
30							
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 Cl ₂ 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 ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:	David Terrusa	
	SIGNATURE: Dave Terrusa /S	3/2/23
	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

System Name:	City of Port Orford	ID# 4100670	Month/Year:	Feb-23	WTP-A:	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	1.4	37.5	52.5	8.0	7.20	49.4	YES	
2@1pm	1.3	37.5	48.8	9.0	7.20	45.7	YES	
3@1pm	1.2	37.5	45.0	10.0	7.20	42.3	YES	
4@1pm	1.2	37.5	45.0	10.0	7.20	42.3	YES	
5@1pm				PLANT	OFF			
6@1pm	1.3	37.5	48.8	9.0	7.20	45.7	YES	
7@1pm	1.3	37.5	48.8	9.0	7.20	45.7	YES	
8@1pm	1.3	37.5	48.8	9.0	7.20	45.7	YES	
9@1pm	1.3	37.5	48.8	9.0	7.20	45.7	YES	
10@1pm	1.2	37.5	45.0	10.0	7.30	43.8	YES	
11@1pm	1.3	37.5	48.8	9.0	7.20	45.7	YES	
12@1pm	1.3	37.5	48.8	9.0	7.20	45.7	YES	
13@1pm	1.3	37.5	48.8	10.0	7.30	44.3	YES	
14@1pm	1.3	37.5	48.8	9.0	7.20	45.7	YES	
15@1pm	1.4	37.5	52.5	8.0	7.20	49.4	YES	
16@1pm	1.4	37.5	52.5	8.0	7.20	49.4	YES	
17@1pm	1.4	37.5	52.5	8.0	7.30	51.2	YES	
18@1pm	1.5	37.5	56.3	8.0	7.20	50.0	YES	
19@1:40pm	1.4	37.5	52.5	8.0	7.20	49.4	YES	
20@1pm	1.3	37.5	48.8	9.0	7.20	45.7	YES	
21@1pm	1.3	37.5	48.8	9.0	7.20	45.7	YES	
22@1pm	1.5	37.5	56.3	7.0	7.20	53.4	YES	
23@1pm	1.5	37.5	56.3	7.0	7.20	53.4	YES	
24@1pm	1.5	37.5	56.3	7.0	7.20	53.4	YES	
25@1pm	1.5	37.5	56.3	7.0	7.30	55.4	YES	
26@1pm				PLANT	OFF			
27@1pm				PLANT	OFF			
28@1pm				PLANT	OFF			
29@1pm								
30@1pm								
31@1pm								

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