

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Curry**

Conventional or Direct Filtration

Month/Year: **May-23**

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	0.02	0.02	0.02
3			0.02	0.02	0.02	0.02	0.02
4			0.02	0.02	0.02	0.02	0.02
5			0.02	0.02	0.02	0.02	0.02
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
10			0.02	0.02	0.02	0.02	0.02
11			0.02	0.02	0.02	0.02	0.02
12			0.02	0.02	0.02		0.02
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	0.02
16			0.02	0.02	0.02	0.02	0.02
17	0.02		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	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			0.02	0.02	0.02	0.02	0.02
27	0.02		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	0.02
30			0.02	0.02	0.02	0.02	0.02
31			0.02	0.02	0.02	0.02	0.02

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
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 <sup>2</sup> triggers	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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 Have reviewed this document and submit it for the record.  
 Location: PO Box 226; Langlois, OR. 97450  
 Date: 2023.06.09 13:21:04 -07'00'

**David Terrusa**  
**SIGNATURE:**  
**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 Eff. (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:	May-23	Disinfection <i>Giardia</i> Log Inactive:	1
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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	11.0	7.20	39.6	YES	255
2@1pm	1.2	37.5	45.0	11.0	7.20	39.6	YES	255
3@1pm	1.2	37.5	45.0	11.0	7.20	39.6	YES	255
4@1pm	1.2	37.5	45.0	12.0	7.30	38.4	YES	255
5@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	255
6@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	255
7@1pm	1.2	37.5	45.0	11.0	7.20	39.6	YES	255
8@1pm	1.2	37.5	45.0	11.0	7.20	39.6	YES	255
9@1pm	1.2	37.5	45.0	10.0	7.20	42.3	YES	255
10@1pm	1.2	37.5	45.0	12.0	7.30	38.4	YES	255
11@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	255
12@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	255
13@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	255
14@1pm	1.1	37.5	41.3	13.0	7.20	33.9	YES	255
15@1pm	1.1	37.5	41.3	13.0	7.20	33.9	YES	255
16@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
17@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
18@1pm	1.2	37.5	45.0	13.0	7.30	35.6	YES	255
19@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
20@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
21@1pm	1.2	37.5	45.0	13.0	7.30	35.6	YES	255
22@1pm	1.2	37.5	45.0	12.0	7.30	38.4	YES	255
23@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	255
24@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	255
25@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	255
26@4pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
27@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
28@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
29@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
30@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
31@1pm	1.3	37.5	48.8	13.0	7.20	34.7	YES	255

<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