

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Curry**  
 Month/Year: **Aug. 2023**

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 <sup>1</sup> [NTU]	
1	0.02		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	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	0.01		0.02	0.02	0.02	0.02	0.01	
10	0.01		0.02	0.02	0.02	0.02	0.01	
11						0.02	0.02	
12	0.02		0.02	0.02	0.02	0.02	0.02	
13	0.02		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	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	
18			0.02	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	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	0.02	
25	0.02		0.02	0.02	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	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	

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:	David Terrusa	
	SIGNATURE: <i>David Terrusa</i>	1 SEP 2023
	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

WTP-A:

System Name:	City of Port Orford	ID# 4100670	Month/Year:	Aug. 2023	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	16.0	7.20	28.1	YES	255
2@1pm	1.1	37.5	41.3	17.0	7.20	26.0	YES	255
3@1pm	1.1	37.5	41.3	17.0	7.20	26.0	YES	255
4@1pm	1.1	37.5	41.3	17.0	7.20	26.0	YES	255
5@1pm	1.1	37.5	41.3	17.0	7.20	26.0	YES	255
6@1pm	1.2	37.5	45.0	17.0	7.20	26.3	YES	255
7@1pm	1.2	37.5	45.0	17.0	7.20	26.3	YES	255
8@1pm	1.2	37.5	45.0	17.0	7.30	27.3	YES	255
9@1pm	1.2	37.5	45.0	18.0	7.20	24.6	YES	255
10@1pm	1.1	37.5	41.3	18.0	7.30	25.2	YES	255
11@1pm	1.1	37.5	41.3	18.0	7.20	24.3	YES	255
12@1pm	1.2	37.5	45.0	18.0	7.20	24.6	YES	255
13@1pm	1.2	37.5	45.0	18.0	7.20	24.6	YES	255
14@1pm	1.2	37.5	45.0	17.0	7.20	26.3	YES	255
15@1pm	1.2	37.5	45.0	17.0	7.20	26.3	YES	255
16@1pm	1.2	37.5	45.0	17.0	7.20	26.3	YES	255
17@1pm	1.2	37.5	45.0	18.0	7.20	24.6	YES	255
18@1pm	1.2	37.5	45.0	18.0	7.20	24.6	YES	255
19@1pm	1.1	37.5	41.3	17.0	7.20	26.0	YES	255
20@1pm	1	37.5	37.5	17.0	7.20	25.7	YES	255
21@1pm	1.2	37.5	45.0	17.0	7.20	26.3	YES	255
22@1pm	1.2	37.5	45.0	17.0	7.20	26.3	YES	255
23@1pm	1.2	37.5	45.0	17.0	7.20	26.3	YES	255
24@1pm	1.2	37.5	45.0	17.0	7.20	26.3	YES	255
25@1pm	1.2	37.5	45.0	17.0	7.20	26.3	YES	255
26@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
27@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
28@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
29@1pm	1.1	37.5	41.3	17.0	7.20	26.0	YES	255
30@1pm	1.2	37.5	45.0	17.0	7.20	26.3	YES	255
31@1pm	1.2	37.5	45.0	17.0	7.20	26.3	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; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

*Handwritten signature/initials*