

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Curry

Conventional or Direct Filtration

Month/Year: Oct. 2023

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	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	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	
11				Plant	Off			
12			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	0.02	
15	0.02		0.02	0.03	0.03	0.03	0.03	
16			0.03	Plant	Off		0.03	
17			0.03	0.02	0.02	0.02	0.03	
18	0.02		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	
21			0.02	0.02	0.02		0.02	
22			0.02	0.02	0.02	0.02	0.02	
23			0.02	0.03	0.03		0.03	
24			0.02	0.02	0.02	0.02	0.02	
25				Plant	Off			
26			0.02	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			0.03	0.03	0.03		0.03	
30			0.03	0.03	0.03		0.03	
31			0.02	0.04	0.03	0.03	0.04	

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: <b>Form submitted 'AS IS'</b>	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 Effl. (333-061-0040(1)(d)(B&C))

Revised form: Log entries, chart recorder and PLC Documentation for Oct 18, 2023 did not match. Excess chlorine 2.0 at City Hall was detected next day.

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP-A:

System Name: City of Port Orford	ID# 4100670	Month/Year: Oct. 2023	Disinfection Giardia 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 or mg/l]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1@1pm	1.1	37.5	41.3	13.0	7.30	35.2	Yes	255
2@1pm	1.3	37.5	48.8	13.0	7.20	34.7	Yes	255
3@1pm	1.2	37.5	45.0	14.0	7.20	32.1	Yes	255
4@1pm	1.3	37.5	48.8	14.0	7.20	32.5	Yes	255
5@1pm	1.2	37.5	45.0	15.0	7.20	30.0	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@8pm	1.1	37.5	41.3	14.0	7.20	31.7	YES	255
9@1pm	1.2	37.5	45.0	14.0	7.30	33.3	YES	255
10@1pm	1.3	37.5	48.8	14.0	7.20	32.5	Yes	255
11@1pm				Plant	Off			
12@1pm	1.2	37.5	45.0	14.0	7.20	32.1	Yes	255
13@1pm	1.1	37.5	41.3	13.0	7.20	33.9	YES	255
14@1pm	1.4	37.5	52.5	14.0	7.20	32.8	YES	255
15@1pm	1.3	37.5	48.8	13.0	7.30	36.0	YES	255
16@1pm				Plant	Off			
17@1pm	1.2	37.5	45.0	14.0	7.20	32.1	YES	255
18@1pm	1.1	37.5	41.3	14.0	7.20	31.7	YES	255
19@1pm	1.1	37.5	41.3	14.0	7.20	31.7	YES	255
20@1pm	1.2	37.5	45.0	14.0	7.20	32.1	YES	255
21@1pm	1.2	37.5	45.0	14.0	7.20	32.1	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	14.0	7.20	32.1	YES	255
24@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
25@1pm				Plant	Off			
26@1pm	1.1	37.5	41.3	12.0	7.20	36.7	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	11.0	7.30	41.0	YES	255
29@1pm	1.2	37.5	45.0	11.0	7.20	39.6	YES	255
30@1pm	1.3	37.5	48.8	11.0	7.20	40.1	YES	255
31@1pm	1.2	37.5	45.0	10.0	7.20	42.3	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