

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Curry**
 Month/Year: **May-24**

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			0.03	0.02	0.02	0.02	0.03
2			PLANT-OFF				PLANT-OFF
3			0.02	0.02	0.02		0.02
4			PLANT-OFF				PLANT-OFF
5			0.02	0.02	0.03	0.09	0.09
6			0.04				0.04
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	0.02
12					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
16			0.02	0.02	0.02	0.02	0.02
17			0.02	0.02	0.02	0.02	0.02
18			0.03	0.03	0.02	0.02	0.03
19			0.03	0.03	0.03	0.03	0.03
20			0.03	0.03	0.03	0.03	0.03
21			0.03	0.03	0.03	0.03	0.03
22			0.03	0.02	0.02		0.03
23			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
27			0.02	0.02	0.02	0.02	0.02
28			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? Yes	CT's met everyday? (see back) Yes	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes
All 4-hour turbidity readings ≤ 1 NTU? Yes		
All turbidity readings < IFE ² triggers Yes		

Notes:	David Terrusa	
	SIGNATURE: /S/ David Terrusa	06/05/24
	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:	Disinfection <i>Giardia</i> Log Inactive:	1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm ormg/l]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1@1pm	1.3	37.5	48.8	11.0	7.30	41.5	YES	
2@1pm		37.5		Plant-Off				
3@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	
4@1pm		37.5		Plant-Off				
5@1pm	1.2	37.5	45.0	11.0	7.20	39.6	YES	
6@1pm	1.2	37.5	45.0	11.0	7.30	41.0	YES	
7@1pm	1.3	37.5	48.8	11.0	7.30	41.5	YES	
8@1pm	1.2	37.5	45.0	11.0	7.30	41.0	YES	
9@1pm	1.2	37.5	45.0	11.0	7.30	41.0	YES	
10@1pm	1.2	37.5	45.0	12.0	7.30	38.4	YES	
11@1pm	1.2	37.5	45.0	13.0	7.30	35.6	YES	
12@1pm	1.2	37.5	45.0	12.0	7.30	38.4	YES	
13@1pm	1.3	37.5	48.8	12.0	7.20	37.6	YES	
14@1pm	1.4	37.5	52.5	12.0	7.20	38.0	YES	
15@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	
16@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	
17@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	
18@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	
19@1pm	1.1	37.5	41.3	12.0	7.30	38.0	YES	
20@1pm	1.2	37.5	45.0	12.0	7.30	38.4	YES	
21@1pm	1.2	37.5	45.0	12.0	7.30	38.4	YES	
22@1pm	1.2	37.5	45.0	12.0	7.30	38.4	YES	
23@1pm	1.1	37.5	41.3	11.0	7.30	40.6	YES	
24@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	
25@1pm	1.2	37.5	45.0	12.0	7.20	37.1	YES	
26@1pm	1.2	37.5	45.0	12.0	7.30	38.4	YES	
27@1pm	1.2	37.5	45.0	12.0	7.30	38.4	YES	
28@1pm	1.2	37.5	45.0	12.0	7.30	38.4	YES	
29@1pm	1.2	37.5	45.0	12.0	7.30	38.4	YES	
30@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	
31@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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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