

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Curry**
 Month/Year: **Jul-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			0.02	0.02	0.02		0.02	
2			0.02	0.02	0.02		0.02	
3			0.02	0.02	0.02		0.02	
4			0.02	0.02	0.02		0.02	
5			0.02	0.02	0.02		0.02	
6			0.02	0.02	0.02		0.02	
7			0.03	0.02	0.02	0.02	0.02	
8			0.03	0.02	0.02	0.03	0.03	
9			0.03	0.03	0.03	0.03	0.03	
10			0.03	0.02	0.02	0.02	0.03	
11			0.02	0.02	0.02		0.02	
12			0.02	0.02	0.02	0.02	0.02	
13			0.02	0.03	0.03	0.02	0.03	
14			0.03	0.03	0.02	0.02	0.03	
15			0.03	0.03	0.03	0.03	0.03	
16			0.03	0.03	0.03		0.03	
17			0.03	0.03	0.03		0.03	
18			0.03	0.03	0.03		0.03	
19			0.03	0.03	0.03		0.03	
20			0.03	0.03	0.03		0.03	
21			0.03	0.03	0.03		0.03	
22			0.03	0.03	0.03	0.02	0.03	
23			0.03	0.03	0.04		0.04	
24			0.04	0.04	0.04		0.04	
25			0.04	0.02	0.02		0.04	
26			0.02	0.02	0.02	0.02	0.02	
27			0.02	0.03	0.03		0.03	
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	
31			0.03	0.03	0.03	0.03	0.03	

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	08/08/24
	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:	Jul-24	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	1.2	37.5	45.0	15.0	7.20	30.0	YES	
2@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	
3@1pm	1.3	37.5	48.8	15.0	7.20	30.4	YES	
4@1pm	1.2	37.5	45.0	15.0	7.30	31.1	YES	
5@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
6@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	
7@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
8@1pm	1.1	37.5	41.3	15.0	7.30	30.8	YES	
9@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
10@1pm	1.3	37.5	48.8	15.0	7.20	30.4	YES	
11@1pm	1.3	37.5	48.8	15.0	7.20	30.4	YES	
12@1pm	1.3	37.5	48.8	15.0	7.20	30.4	YES	
13@1pm	1.3	37.5	48.8	15.0	7.20	30.4	YES	
14@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	
15@1pm	1.3	37.5	48.8	15.0	7.20	30.4	YES	
16@1pm	1.3	37.5	48.8	14.0	7.20	32.5	YES	
17@1pm	1.3	37.5	48.8	14.0	7.20	32.5	YES	
18@1pm	1	37.5	37.5	14.0	7.20	31.4	YES	
19@1pm	1.1	37.5	41.3	15.0	7.20	29.7	YES	
20@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	
21@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
22@1pm	1.3	37.5	48.8	16.0	7.20	28.4	YES	
23@1pm	1.3	37.5	48.8	15.0	7.30	31.5	YES	
24@1pm	1.2	37.5	45.0	16.0	7.30	29.1	YES	
25@1pm	1.2	37.5	45.0	16.0	7.30	29.1	YES	
26@1pm	1.2	37.5	45.0	16.0	7.30	29.1	YES	
27@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
28@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
29@1pm	1.3	37.5	48.8	16.0	7.20	28.4	YES	
30@1pm	1.3	37.5	48.8	16.0	7.30	29.5	YES	
31@1pm	1.2	37.5	45.0	16.0	7.20	28.1	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