

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Curry
 Month/Year: Oct-24

Conventional or Direct Filtration

System Name:	Port Orford, City of		ID#: 41 - 00670				WTP : TP - 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	0.03	0.03	0.03	0.03	
2			0.03	0.03	0.03		0.03	
3			0.03	0.03	0.03		0.03	
4			0.06	0.06	0.07		0.07	
5			0.03	0.03	0.03		0.03	
6			0.03	0.03	0.02		0.03	
7			0.02	0.03	0.03	0.03	0.03	
8			0.03	0.03	0.03	0.03	0.03	
9			0.03	0.03	0.03	0.03	0.03	
10			0.03	0.03	0.03		0.03	
11			0.03	0.03	0.03	0.03	0.03	
12				0.04	0.04		0.04	
13			0.03	0.03	0.03		0.03	
14			0.03	0.03	0.03	0.03	0.03	
15			0.03	0.03	0.03	0.03	0.03	
16			0.03	0.03	0.03	0.04	0.04	
17			0.04	0.03	0.04	0.04	0.04	
18			0.04	0.04	0.04		0.04	
19			0.04	0.04	0.04	0.05	0.05	
20			0.02	0.02	0.02	0.02	0.02	
21			PLANT	OFF				
22			0.03	0.12	0.03	0.04	0.12	
23			0.02	0.02	0.02	0.02	0.02	
24			0.03	0.03	0.03	0.07	0.07	
25			0.03	0.02	0.02	0.02	0.03	
26			0.02	0.02	0.02		0.02	
27				0.02			0.02	
28					0.04	0.03	0.04	
29	0.03		0.03	0.03	0.03	0.03	0.03	
30	0.03	0.03	0.02	0.02			0.03	
31				0.02	0.03	0.02	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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes	Yes	Yes
All turbidity readings < IFE ² triggers	Yes		

Notes:	PRINTED NAME: David Terrusa	
	SIGNATURE: /S/ David Terrusa	DATE: 11/9/24
	PHONE #: (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:	Port Orford, City of	ID#: 41-00670	Month/Year:	24-Oct	Disinfection <i>Giardia</i> Log Inactive:	1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.1	127	139.7	14.0	7.30	32.9	YES	300
2	1.1	127	139.7	14.0	7.30	32.9	YES	300
3	1	127	127.0	14.0	7.30	32.5	YES	300
4	1.1	127	139.7	14.0	7.20	31.7	YES	300
5	1.1	127	139.7	14.0	7.30	32.9	YES	300
6	1.1	127	139.7	14.0	7.20	31.7	YES	300
7	1.1	127	139.7	14.0	7.20	31.7	YES	300
8	1.2	127	152.4	13.0	7.20	34.3	YES	300
9	1.2	127	152.4	14.0	7.20	32.1	YES	300
10	1.1	127	139.7	13.0	7.30	35.2	YES	300
11	1.2	127	152.4	14.0	7.20	32.1	YES	300
12	1.2	127	152.4	14.0	7.20	32.1	YES	300
13	1.2	127	152.4	14.0	7.20	32.1	YES	300
14	1.1	127	139.7	14.0	7.30	32.9	YES	300
15	1.2	127	152.4	14.0	7.20	32.1	YES	300
16	1	127	127.0	14.0	7.30	32.5	YES	300
17	1.1	127	139.7	14.0	7.20	31.7	YES	300
18	1	127	127.0	13.0	7.30	34.8	YES	300
19	1	127	127.0	12.0	7.20	36.3	YES	300
20	1	127	127.0	13.0	7.20	33.5	YES	300
21	Plant Off	127	#VALUE!			#VALUE!	#VALUE!	300
22	1	127	127.0	13.0	7.20	33.5	YES	300
23	1.1	127	139.7	13.0	7.20	33.9	YES	300
24	1.1	127	139.7	13.0	7.20	33.9	YES	300
25	1.2	127	152.4	12.0	7.20	37.1	YES	300
26	1.4	127	177.8	13.0	7.30	36.4	YES	300
27	1.3	127	165.1	14.0	7.20	32.5	YES	300
28	1.2	127	152.4	13.0	7.20	34.3	YES	300
29	1.1	127	139.7	12.0	7.20	36.7	YES	300
30	0.9	127	114.3	11.0	7.20	38.3	YES	300
31	1.2	127	152.4	12.0	7.20	37.1	YES	300

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@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350