

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Curry
 Month/Year: Jan-25

Conventional or Direct Filtration

System Name: City of Port Orford		ID#: 4100670		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
2				0.06	0.05		0.06
3	Plant Off						Plant Off
4				0.05	0.03	0.03	0.05
5	0.03	0.03	0.03	0.03	0.03	0.02	0.03
6	0.02	0.02	0.02	0.02	0.02	0.02	0.02
7	0.02	0.02	0.02	0.03	0.02	0.02	0.03
8			0.02	0.02	0.03	0.02	0.03
9			0.03	0.02	0.03	0.03	0.03
10			0.03	0.03	0.03	0.03	0.03
11			0.03	0.03			0.03
12			0.03	0.03	0.03	0.02	0.03
13			0.02	0.02	0.02		0.02
14					0.02	0.02	0.02
15			0.02	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	0.02	0.02	0.03	0.03
19			0.03	0.03	0.03	0.03	0.03
20			0.03	0.02	0.02	0.02	0.03
21			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
25			0.02	0.03	0.03	0.03	0.03
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	0.02
30			0.02	0.03	0.03		0.03
31	Plant Off						Plant Off

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:	PRINTED NAME: David Terrusa	
	SIGNATURE: /S/ David Terrusa	DATE: 2/3/2025
	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 - :

System Name:	City of Port Orford	ID#: 4100670	Month/Year:	Jan-25	Disinfection <i>Giardia</i> Log Inactive:	1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/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	1.1	137	150.7	10.0	7.30	43.3	YES	300
2	1	137	137.0	11.0	7.20	38.8	YES	300
3				Plant off				
4	1.3	137	178.1	11.0	7.20	40.1	YES	300
5	1.4	137	191.8	11.0	7.20	40.5	YES	300
6	1.3	137	178.1	11.0	7.20	40.1	YES	300
7	1.1	137	150.7	11.0	7.20	39.2	YES	300
8	1.2	137	164.4	11.0	7.20	39.6	YES	300
9	1.2	137	164.4	11.0	7.30	41.0	YES	300
10	1.2	137	164.4	10.0	7.30	43.8	YES	300
11	1.2	137	164.4	10.0	7.40	45.4	YES	300
12	1.1	137	150.7	10.0	7.20	41.8	YES	300
13	1.1	137	150.7	9.0	7.20	44.7	YES	300
14	1	137	137.0	11.0	7.20	38.8	YES	300
15	1	137	137.0	10.0	7.30	42.8	YES	300
16	1.1	137	150.7	10.0	7.20	41.8	YES	300
17	1	137	137.0	10.0	7.20	41.4	YES	300
18	1	137	137.0	9.0	7.20	44.2	YES	300
19	1	137	137.0	8.0	7.20	47.2	YES	300
20	1	137	137.0	8.0	7.20	47.2	YES	300
21	1.3	137	178.1	8.0	7.20	48.9	YES	300
22	1.3	137	178.1	8.0	7.20	48.9	YES	300
23	1.3	137	178.1	8.0	7.20	48.9	YES	300
24	1.3	137	178.1	9.0	7.20	45.7	YES	300
25	1.1	137	150.7	8.0	7.20	47.7	YES	300
26	1.3	137	178.1	7.0	7.30	54.1	YES	300
27	1.2	137	164.4	8.0	7.20	48.3	YES	300
28	1.2	137	164.4	7.0	7.20	51.6	YES	300
29	1.4	137	191.8	8.0	7.20	49.4	YES	300
30	1	137	137.0	8.0	7.20	47.2	YES	300
31				Plant off				

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