

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Curry

Conventional or Direct Filtration

Month/Year: February 2025

System Name:	City of Port Orford		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 <sup>1</sup> [NTU]	
1				0.03			0.03	
2			0.02	0.02	0.02	0.02	0.02	
3			0.02	0.02	0.02	0.02	0.02	
4			0.02	0.03	0.03	0.03	0.03	
5	0.03		0.03	0.03	0.03	0.03	0.03	
6	0.03						0.03	
7			0.04	0.02	0.02	0.02	0.04	
8	0.02		0.02	0.02	0.03	0.03	0.03	
9			0.03	0.02	0.02	0.02	0.03	
10			0.02	0.02	0.02	0.03	0.03	
11			0.02	0.02	0.03	0.03	0.03	
12			0.02	0.02	0.02	0.02	0.02	
13			0.02	0.02	0.02		0.02	
14				0.02			0.02	
15	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
16	0.02	0.02	0.02	0.02	0.02		0.02	
17			0.02	0.02	0.02	0.02	0.02	
18	0.02	0.02	0.02	0.03	0.03		0.03	
19	PLANT	OFF					PLANT OFF	
20					0.03	0.03	0.03	
21	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
22	0.03	0.03	0.03	0.03	0.03		0.03	
23	PLANT	OFF					PLANT OFF	
24	PLANT	OFF					PLANT OFF	
25			0.03	0.03	0.02	0.02	0.03	
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	0.03	0.03	
29								
30								
31								

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <b>Yes</b>	CT's met everyday? (see back) <b>Yes</b>	All Cl2 residual at entry point ≥ 0.2 mg/l? <b>Yes</b>
All 4-hour turbidity readings ≤ 1 NTU? <b>Yes</b>		
All turbidity readings < IFE <sup>2</sup> triggers <b>Yes</b>		

<b>Notes:</b>	<b>PRINTED NAME: David Terrusa</b>	
	<b>SIGNATURE: /s/ David Terrusa</b>	<b>DATE: 3/5/25</b>
	<b>PHONE #: ( 541 ) 253-7556</b>	<b>CERT #: 6930</b>

<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))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : A

System Name:	City of Port Orford	ID#: 41-00670	Month/Year:	Febuary 2025	Disinfection <i>Giardia</i> Log Inactive:	1
--------------	---------------------	---------------	-------------	--------------	---	---

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	1.2	127	152.4	8.0	7.20	48.3	YES	350
2	1.2	127	152.4	9.0	7.20	45.2	YES	350
3	1.1	127	139.7	8.0	7.20	47.7	YES	350
4	1.1	127	139.7	7.0	7.20	51.0	YES	350
5	1.1	127	139.7	8.0	7.20	47.7	YES	350
6	1	127	127.0	8.0	7.20	47.2	YES	350
7	1.2	127	152.4	9.0	7.20	45.2	YES	350
8	1.2	127	152.4	8.0	7.20	48.3	YES	350
9	1.1	127	139.7	8.0	7.20	47.7	YES	350
10	1	127	127.0	7.0	7.20	50.5	YES	350
11	1.1	127	139.7	7.0	7.20	51.0	YES	350
12	1.1	127	139.7	7.0	7.20	51.0	YES	350
13	1.1	127	139.7	8.0	7.20	47.7	YES	350
14	1.1	127	139.7	8.0	7.20	47.7	YES	350
15	1.3	127	165.1	8.0	7.20	48.9	YES	350
16	1.1	127	139.7	8.0	7.20	47.7	YES	350
17	1.1	127	139.7	9.0	7.20	44.7	YES	350
18	1	127	127.0	9.0	7.20	44.2	YES	350
19				PLANT OFF				PLANT OFF
20	1	127	127.0	9.0	7.20	44.2	YES	350
21	1.1	127	139.7	7.0	7.20	51.0	YES	350
22	1	127	127.0	10.0	7.20	41.4	YES	350
23				PLANT OFF				PLANT OFF
24				PLANT OFF				PLANT OFF
25	1.2	127	152.4	10.0	7.30	43.8	YES	350
26	1.1	127	139.7	10.0	7.20	41.8	YES	350
27	1	127	127.0	10.0	7.20	41.4	YES	350
28	1	127	127.0	10.0	7.20	41.4	YES	350
29								
30								
31								

<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 November 2022

Return by 10th of following month by email, fax, or mail to:

[dwp.dmce@oha.oregon.gov](mailto:dwp.dmce@oha.oregon.gov); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350