

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Curry**
 Month/Year: **Mar-25**

Conventional or Direct Filtration

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 ¹ [NTU]
1	0.02	0.02	0.02	0.02	0.02		0.02
2			0.02	0.02	0.02		0.02
3			0.02	0.03	0.02	0.02	0.03
4			0.02				0.02
5			0.02	0.02	0.02	0.03	0.03
6			0.02	0.02	0.02	0.03	0.03
7			0.03	0.03	0.03	0.03	0.03
8			0.03	0.03	0.03	0.03	0.03
9			0.03	0.03	0.02	0.02	0.03
10			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			Plant	Off			Plant-Off
14			0.02	0.02	0.02	0.02	0.02
15	0.02	0.02	0.02	0.02	0.02		0.02
16			Plant	Off			Plant-Off
17			Plant	Off			Plant-Off
18				0.02	0.02	0.02	0.02
19	0.02	0.02	0.02	0.02	0.02		0.02
20				0.02			0.02
21				0.02	0.02		0.02
22			Plant	Off			Plant-Off
23			0.03	0.02	0.03	0.02	0.03
24	0.02	0.03	0.03	0.03	0.03	0.03	0.03
25	0.03	0.03	0.03	0.02	0.03	0.03	0.03
26	0.02	0.03	0.03	0.03	0.03		0.03
27			0.03	0.03			0.03
28						0.03	0.03
29	0.03	0.03	0.03	0.03	0.03	0.03	0.03
30	0.03	0.03	0.02				0.03
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:	PRINTED NAME: David Terrusa	
	SIGNATURE: /S/ David Terrusa	DATE: 4/2/2025
	PHONE #: (541) 253-7556	CERT #: 3960

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#: 41-00670	Month/Year:	Mar-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	127	139.7	11.0	7.20	39.2	YES	350
2	1.1	127	139.7	10.0	7.20	41.8	YES	350
3	1	127	127.0	10.0	7.20	41.4	YES	350
4	1	127	127.0	10.0	7.20	41.4	YES	350
5	1	127	127.0	10.0	7.20	41.4	YES	350
6	1	127	127.0	10.0	7.20	41.4	YES	350
7	1	127	127.0	10.0	7.20	41.4	YES	350
8	1	127	127.0	10.0	7.20	41.4	YES	350
9	1	127	127.0	10.0	7.20	41.4	YES	350
10	0.9	127	114.3	10.0	7.20	40.9	YES	350
11	1	127	127.0	10.0	7.20	41.4	YES	350
12	0.9	127	114.3	10.0	7.30	42.4	YES	350
13				PLANT OFF				PLANT OFF
14	0.9	127	114.3	10.0	7.20	40.9	YES	350
15	1.5	127	190.5	10.0	7.20	43.8	YES	350
16				PLANT OFF				PLANT OFF
17				PLANT OFF				PLANT OFF
18	1.1	127	139.7	10.0	7.30	43.3	YES	350
19	1.1	127	139.7	10.0	7.20	41.8	YES	350
20	1.1	127	139.7	10.0	7.20	41.8	YES	350
21	1.2	127	152.4	10.0	7.20	42.3	YES	350
22				PLANT OFF				PLANT OFF
23	1.1	127	139.7	11.0	7.30	40.6	YES	350
24	1.1	127	139.7	11.0	7.20	39.2	YES	350
25	1	127	127.0	11.0	7.20	38.8	YES	350
26	1.2	127	152.4	11.0	7.30	41.0	YES	350
27	1.1	127	139.7	11.0	7.20	39.2	YES	350
28	1.2	127	152.4	11.0	7.40	42.5	YES	350
29	1.3	127	165.1	10.0	7.30	44.3	YES	350
30	1	127	127.0	11.0	7.30	40.1	YES	350
31	0.9	127	114.3	11.0	7.20	38.3	YES	350

³ If Cl₂ 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; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350