OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Curry

Month/Year: Oct-25

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			0.03	0.03	0.03	0.03	0.03
2			0.03				0.03
3			0.03	0.03	0.03	0.03	0.03
4	0.03	0.03	0.03	0.03	0.03	0.03	0.03
5			0.03	0.03	0.03	0.03	0.03
6			0.03	0.03	0.03	0.03	0.03
7			0.03	0.03	0.03	0.03	0.03
8			0.03	0.02	0.02	0.02	0.03
9				0.02	0.02	0.02	0.02
10				0.02	0.02	0.02	0.02
11				0.02	0.02	0.02	0.02
12			0.02	0.02	0.02	0.02	0.02
13				0.02			0.02
14					0.03	0.03	0.03
15			0.03	0.03	0.03	0.03	0.03
16	0.03	0.03	0.03	0.03	0.03		0.03
17			0.03	0.03	0.03	0.03	0.03
18			0.03	0.03	0.03	0.03	0.03
19			0.03	0.03	0.02		0.03
20			0.02	0.02	0.02	0.02	0.02
21			0.02	0.03	0.03		0.03
22			0.03	0.03	0.03	0.03	0.03
23			0.03	0.02	0.02		0.03
24			0.02	0.02	0.02		0.02
25			PLANT	OFF			0.00
26			PLANT	OFF			0.00
27			0.05	0.03	0.03	0.03	0.05
28	0.03	0.03	0.03	0.03	0.03	0.03	0.03
29	0.03	0.03	0.03	0.03	0.03	0.03	0.03
30			0.04	0.04	0.04	0.04	0.04
31			0.03	0.04	0.05		0.05

Conventional or Direct Filtration	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes
All 4-hour turbidity readings ≤ 1 NTU?	Yes
All turbidity readings < IFE[2] triggers	Yes

Monthly Summary (Answer Yes or No)	
CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
Yes	Yes

Notes:

PRINTED NAME: Dave Terrusa

SIGNATURE: /s/ Dave Terrusa **DATE: 11/04/2025**

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 - : A

System Name:	**City of Port Orford**	**ID#: 41-00670**	**Month/Year:**	**Oct-25**	**Disinfection *Giardia* Log Inactive:**	1

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**	**127**	**127.0**	**14.0**	**7.20**	**31.4**	**YES**	**300**
2	**0.8**	**127**	**101.6**	**15.0**	**7.20**	**28.7**	**YES**	**300**
3	**0.9**	**127**	**114.3**	**15.0**	**7.30**	**30.1**	**YES**	**300**
4	**1.2**	**127**	**152.4**	**14.0**	**7.30**	**33.3**	**YES**	**300**
5	**1.2**	**127**	**152.4**	**14.0**	**7.20**	**32.1**	**YES**	**300**
6	**1.1**	**127**	**139.7**	**14.0**	**7.30**	**32.9**	**YES**	**300**
7	**1.2**	**127**	**152.4**	**14.0**	**7.20**	**32.1**	**YES**	**300**
8	**1.2**	**127**	**152.4**	**15.0**	**7.30**	**31.1**	**YES**	**300**
9	**1.2**	**127**	**152.4**	**15.0**	**7.30**	**31.1**	**YES**	**300**
10	**1.2**	**127**	**152.4**	**14.0**	**7.20**	**32.1**	**YES**	**350**
11	**1.3**	**127**	**165.1**	**13.0**	**7.30**	**36.0**	**YES**	**350**
12	**1.2**	**127**	**152.4**	**13.0**	**7.20**	**34.3**	**YES**	**350**
13	**1.2**	**127**	**152.4**	**14.0**	**7.30**	**33.3**	**YES**	**350**
14	**1.2**	**127**	**152.4**	**12.0**	**7.20**	**37.1**	**YES**	**350**
15	**1.3**	**127**	**165.1**	**12.0**	**7.30**	**38.9**	**YES**	**350**
16	**1.2**	**127**	**152.4**	**12.0**	**7.30**	**38.4**	**YES**	**350**
17	**1.2**	**127**	**152.4**	**12.0**	**7.20**	**37.1**	**YES**	**350**
18	**1.2**	**127**	**152.4**	**13.0**	**7.30**	**35.6**	**YES**	**350**
19	**1.3**	**127**	**165.1**	**12.0**	**7.20**	**37.6**	**YES**	**350**
20	**1.2**	**127**	**152.4**	**12.0**	**7.40**	**39.8**	**YES**	**350**
21	**1.1**	**127**	**139.7**	**12.0**	**7.20**	**36.7**	**YES**	**350**
22	**0.9**	**127**	**114.3**	**13.0**	**7.20**	**33.1**	**YES**	**350**
23	**1.1**	**127**	**139.7**	**12.0**	**7.20**	**36.7**	**YES**	**350**
24	**1**	**127**	**127.0**	**14.0**	**7.20**	**31.4**	**YES**	**350**
25				**PLANT OFF**				**PLANT OFF**
26				**PLANT OFF**				**PLANT OFF**
27	**0.9**	**127**	**114.3**	**12.0**	**7.40**	**38.5**	**YES**	**350**
28	**1.2**	**127**	**152.4**	**13.0**	**7.20**	**34.3**	**YES**	**350**
29	**1.4**	**127**	**177.8**	**12.0**	**7.30**	**39.3**	**YES**	**350**
30	**1.2**	**127**	**152.4**	**13.0**	**7.20**	**34.3**	**YES**	**350**
31	**1.2**	**127**	**152.4**	**12.0**	**7.30**	**38.4**	**YES**	**350**

[3] If Cl_2 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