

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Curry

Conventional or Direct Filtration

Month/Year: Nov-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			0.05	0.03	0.02		0.05
2			0.03				0.03
3				0.03	0.03	0.03	0.03
4	0.03	0.03	0.03	0.03	0.03		0.03
5			Plant Off				Plant Off
6			0.03	0.03	0.02	0.02	0.03
7	0.02	0.02	0.08	0.03	0.03	0.02	0.08
8	0.02	0.02	0.02	0.02			0.02
9			0.02	0.02	0.03		0.03
10			0.03	0.03		0.03	0.03
11			0.03	0.04	0.04		0.04
12			0.03	0.03	0.04	0.04	0.04
13			0.03	0.02	0.03	0.03	0.03
14			0.02	0.02			0.02
15			0.03	0.03	0.03		0.03
16			0.03	0.03	0.03		0.03
17				0.03	0.03	0.03	0.03
18					0.03	0.03	0.03
19	0.03	0.03	0.03	0.03	0.03		0.03
20			PLANT	OFF			Plant Off
21			0.03	0.03	0.02	0.02	0.03
22	0.02	0.02	0.02	0.04	0.02		0.04
23			0.02	0.02	0.02		0.02
24					0.02		0.02
25				0.02	0.02	0.03	0.03
26	0.02	0.02	0.02	0.02	0.02	0.02	0.02
27	0.03	0.03	0.03	0.03	0.03	0.03	0.03
28	0.03	0.03	0.03	0.03	0.03	0.03	0.03
29	0.03	0.04	0.04	0.04	0.04	0.04	0.04
30	0.04	0.04	0.02	0.02	0.02	0.04	0.04
31							

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings $\leq$ 0.3 NTU?	Yes	CT's met everyday? (see back)	All Cl ₂ residual at entry point $\geq$ 0.2 mg/l?
All 4-hour turbidity readings $\leq$ 1 NTU?	Yes	Yes	Yes
All turbidity readings < IFE ² triggers	Yes		
Notes:		PRINTED NAME: Dave Terrusa	
		SIGNATURE: /s/ Dave Terrusa	DATE: 2 Dec 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 <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	1.4	127	177.8	13.0	7.20	35.1	YES	300
2	1.3	127	165.1	12.0	7.20	37.6	YES	300
3	1.2	127	152.4	12.0	7.20	37.1	YES	300
4	1.4	127	177.8	13.0	7.30	36.4	YES	300
5			PLANT OFF				YES	
6	1.1	127	139.7	13.0	7.30	35.2	YES	300
7	1	127	127.0	13.0	7.30	34.8	YES	300
8	1	127	127.0	12.0	7.30	37.6	YES	300
9	1.1	127	139.7	12.0	7.20	36.7	YES	300
10	1.2	127	152.4	12.0	7.30	38.4	YES	350
11	1.5	127	190.5	13.0	7.20	35.5	YES	350
12	1.3	127	165.1	12.0	7.30	38.9	YES	350
13	1.3	127	165.1	13.0	7.30	36.0	YES	350
14	1.2	127	152.4	13.0	7.20	34.3	YES	350
15	1.1	127	139.7	13.0	7.20	33.9	YES	350
16	1.3	127	165.1	12.0	7.30	38.9	YES	350
17	1.2	127	152.4	12.0	7.40	39.8	YES	350
18	1	127	127.0	11.0	7.20	38.8	YES	350
19	1.3	127	165.1	10.0	7.30	44.3	YES	350
20				PLANT OFF				PLANT OFF
21	1	127	127.0	11.0	7.40	41.6	YES	350
22	1.2	127	152.4	10.0	7.40	45.4	YES	350
23	1.2	127	152.4	10.0	7.30	43.8	YES	350
24	1	127	127.0	11.0	7.30	40.1	YES	350
25	1	127	127.0	10.0	7.20	41.4	YES	350.0
26	1.2	127	152.4	11.0	7.20	39.6	YES	350.0
27	1.2	127	152.4	10.0	7.30	43.8	YES	350
28	1.1	127	139.7	11.0	7.30	40.6	YES	350
29	1	127	127.0	11.0	7.20	38.8	YES	350
30	1	127	127.0	11.0	7.30	40.1	YES	350
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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