

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Curry

Conventional or Direct Filtration

Month/Year: Feb-26

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
2			0.03	0.02	0.02		0.03
3			0.02	0.02	0.02		0.02
4			0.03	0.02	0.02		0.03
5			0.02	0.03	0.02		0.03
6			0.02	0.03	0.03		0.03
7			0.03	0.03	0.03		0.03
8			PLANT	OFF	High Turb		Plant off
9				0.04			0.04
10				0.02	0.02	0.02	0.02
11	0.02	0.02	0.02	0.02	0.02	0.02	0.02
12			0.02	0.02	0.02		0.02
13			0.02	0.02	0.03		0.03
14			0.02	0.02	0.02		0.02
15			0.02	0.02	0.02		0.02
16			0.02				0.02
17					0.02	0.03	0.03
18	0.06					0.11	0.11
19					0.13	0.04	0.13
20	0.03	0.03	0.03	0.02	0.02	0.03	0.03
21	0.03	0.03	0.03	0.03	0.03	0.03	0.03
22			PLANT	OFF	High Turb		Plant off
23				0.03	0.05	0.04	0.05
24			PLANT	OFF	High Turb		Plant off
25			0.03	0.02	0.02	0.02	0.03
26	0.02	0.03	0.03	0.02	0.02	0.02	0.03
27	0.02	0.02	0.02	0.02	0.02		0.02
28			0.02	0.02	0.02		0.02
29							0.00
30							0.00
31							0.00

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

Notes:	PRINTED NAME: DAVID R. TERRUSA
	SIGNATURE: <i>David R. Terrusa</i> DATE: 9 MAR 26
	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))

ERT

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : A

System Name:	City of Port Orford	ID#: 41-00670	Month/Year:	Feb-26	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	0.9	127	114.3	11.0	7.20	38.3	YES	350
2	0.9	127	114.3	10.0	7.30	42.4	YES	350
3	1.1	127	139.7	10.0	7.30	43.3	YES	350
4	1.1	127	139.7	10.0	7.30	43.3	YES	350
5	1.1	127	139.7	9.0	7.30	46.3	YES	350
6	1.1	127	139.7	10.0	7.20	41.8	YES	350
7	1.1	127	139.7	11.0	7.20	39.2	YES	350
8	PLANT OFF	HIGH TURB						PLANT OFF
9	1	127	127.0	11.0	7.20	38.8	YES	350
10	1	127	127.0	11.0	7.20	38.8	YES	350
11	1.2	127	152.4	10.0	7.20	42.3	YES	350
12	1.2	127	152.4	11.0	7.30	41.0	YES	350
13	1.2	127	152.4	10.0	7.30	43.8	YES	350
14	1.1	127	139.7	11.0	7.20	39.2	YES	350
15	1.1	127	139.7	11.0	7.20	39.2	YES	350
16	1	127	127.0	11.0	7.30	40.1	YES	350
17	0.9	127	114.3	10.0	7.40	43.9	YES	350
18	1	127	127.0	9.0	7.20	44.2	YES	350
19	1.2	127	152.4	10.0	7.20	42.3	YES	350
20	1.3	127	165.1	9.0	7.40	49.1	YES	350
21	1.3	127	165.1	10.0	7.20	42.8	YES	350
22	PLANT OFF	HIGH TURB						PLANT OFF
23	1.2	127	152.4	10.0	7.40	45.4	YES	350
24	PLANT OFF	HIGH TURB						PLANT OFF
25	1.3	127	165.1	12.0	7.30	38.9	YES	350
26	1.2	127	152.4	10.0	7.30	43.8	YES	350
27	1.2	127	152.4	10.0	7.20	42.3	YES	350
28	1.1	127	139.7	11.0	7.30	40.6	YES	350
29								
30								
31								

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:
dup.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350