

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Curry

Conventional or Direct Filtration

Month/Year: Mar-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 <sup>1</sup> [NTU]
1			0.03	0.02	0.03		0.03
2			0.03	0.03	0.02		0.03
3			0.03	0.03	0.03		0.03
4			PLANT	OFF	High Turb		0.00
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
8			0.03	0.02	0.02		0.03
9			0.02	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
13			0.02	0.02	0.02	0.02	0.02
14			PLANT	OFF	High Turb		0.00
15				0.02	0.03	0.03	0.03
16			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	0.03		0.03
20			0.03	0.03	0.03	0.04	0.04
21			0.04	0.04	0.04		0.04
22			0.02	0.02	0.02		0.02
23			0.03	0.02	0.02		0.03
24			0.02	0.02	0.02		0.02
25				0.02			0.02
26				0.02	0.02	0.02	0.02
27			0.02	0.02	0.02		0.02
28			0.02	0.02	0.02		0.02
29			0.02	0.02	0.02		0.02
30			0.03	0.02	0.02		0.03
31			0.02	0.02	0.02		0.02
<b>Conventional or Direct Filtration</b>				<b>Monthly Summary (Answer Yes or No)</b>			
95% of 4-hour turbidity readings ≤ 0.3 NTU?				Yes		CT's met everyday? (see back)	
All 4-hour turbidity readings ≤ 1 NTU?				Yes		All Cl2 residual at entry point ≥ 0.2 mg/l?	
All turbidity readings < IFE <sup>2</sup> triggers				Yes		Yes	
<b>Notes:</b>				<b>PRINTED NAME: Dave Terrusa</b>			
				<b>SIGNATURE: /S/ Dave Terrusa</b>		<b>DATE: 04/06/26</b>	
				<b>PHONE #: ( 541 ) 253-7556</b>		<b>CERT #:</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:	Mar-26	Disinfection <i>Giardia</i> Log Inactive:	1
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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	127	127.0	11.0	7.20	38.8	YES	350
2	1	127	127.0	11.0	7.30	40.1	YES	350
3	1.1	127	139.7	11.0	7.20	39.2	YES	350
4				PLANT	OFF			HIGH TURB
5	1.1	127	139.7	11.0	7.20	39.2	YES	350
6	1.1	127	139.7	10.0	7.30	43.3	YES	350
7	1.1	127	139.7	11.0	7.20	39.2	YES	350
8	1.2	127	152.4	11.0	7.30	41.0	YES	350
9	1.1	127	139.7	11.0	7.40	42.0	YES	350
10	1.1	127	139.7	10.0	7.30	43.3	YES	350
11	1.1	127	139.7	11.0	7.20	39.2	YES	350
12	1.1	127	139.7	11.0	7.30	40.6	YES	350
13	0.9	127	114.3	11.0	7.20	38.3	YES	350
14				PLANT	OFF			HIGH TURB
15	1.1	127	139.7	11.0	7.20	39.2	YES	350
16	1.2	127	152.4	11.0	7.30	41.0	YES	350
17	1.2	127	152.4	11.0	7.20	39.6	YES	350
18	1	127	127.0	11.0	7.20	38.8	YES	350
19	1.1	127	139.7	11.0	7.30	40.6	YES	350
20	1.1	127	139.7	12.0	7.20	36.7	YES	350
21	1.1	127	139.7	11.0	7.20	39.2	YES	350
22	1.1	127	139.7	10.0	7.20	41.8	YES	350
23	1	127	127.0	10.0	7.20	41.4	YES	350
24	1	127	127.0	11.00	7.20	38.8	YES	350
25	1	127	127.0	12.0	7.20	36.3	YES	350
26	1.1	127	139.7	10.0	7.20	41.8	YES	350
27	1.2	127	152.4	11.0	7.20	39.6	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	7.20	38.8	YES	350
31	1	127	127.0	11.0	7.30	40.1	YES	350

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