

**OHA - Drinking Water Services -Turbidity Monitoring Report Form**  
**Conventional or Direct Filtration**

County: **Curry**  
 Month/Year: **Jul-21**

System Name: **City of Port Orford**      **4100670**      WTP-A:      WTP-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	0.03	0.03	0.03
2			0.03	0.04	0.03	0.03	0.04
3			0.03	0.03	0.03	0.03	0.03
4	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	0.04	0.03	0.03	0.04
9			0.03	0.03	0.03	0.03	0.03
10			0.03	0.03	0.03	0.04	0.04
11			0.04	0.04	0.04		0.04
12			0.04	0.04	0.04	0.04	0.04
13			0.04	0.04	0.04	0.04	0.04
14			0.04	0.04	0.04	0.04	0.04
15	0.04		0.04	0.04	0.04	0.04	0.04
16			0.04	0.04	0.04	0.04	0.04
17	0.04		0.04	0.04	0.04		0.04
18			0.04	0.04	0.04	0.04	0.04
19	0.04		0.04	0.04	0.04	0.04	0.04
20	0.04		0.04	0.02	0.02	0.02	0.04
21	0.02		0.02	0.02	0.02	0.02	0.02
22	0.02		0.02	0.02	0.02	0.02	0.02
23	0.02		0.02	0.02	0.02	0.02	0.02
24			0.02	0.02	0.02	0.02	0.02
25	0.02		0.02	0.02	0.02	0.02	0.02
26	0.02		0.02	0.02	0.02	0.02	0.02
27	0.02		0.02	0.02	0.02	0.02	0.02
28	0.02		0.02	0.02	0.02	0.02	0.02
29	0.02		0.02	0.02	0.02	0.02	0.02
30	0.02		0.02	0.02	0.02	0.02	0.02
31	0.02		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?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE <sup>2</sup> triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No		

**Notes:**

**David Terrusa**

**SIGNATURE:** S\ Dave Terrusa      8/9/2021

**541-253-7556**      **CERT# 6930**

<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 Eff. (333-061-0040(1)(d)(B&C))

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OHA - Drinking Water Program - Surface Water Quality Data Form

WTP-A:

System Name:	City of Port Orford	ID# 4100670	Month/Year:	Jul-21	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 ormg/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@1pm	1.2	37.5	45.0	17.0	7.20	26.3	YES	255
2@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
3@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
4@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
5@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
6@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
7@1pm	1.1	37.5	41.3	15.0	7.20	29.7	YES	255
8@1pm	1.1	37.5	41.3	15.0	7.20	29.7	YES	255
9@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
10@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
11@1pm	1.1	37.5	41.3	15.0	7.20	29.7	YES	255
12@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
13@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
14@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
15@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
16@1pm	1.1	37.5	41.3	15.0	7.20	29.7	YES	255
17@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
18@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
19@1pm	1.2	37.5	45.0	15.0	7.30	31.1	YES	255
20@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
21@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
22@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
23@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
24@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
25@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
26@1pm	1.2	37.5	45.0	16.0	7.30	29.1	YES	255
27@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
28@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
29@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	255
30@1pm	1.2	37.5	45.0	16.0	7.30	29.1	YES	255
31@1pm	1.2	37.5	45.0	17.0	7.20	26.3	YES	255

<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 July 2018

Return by 10th of following month by email, fax, or mail to:  
 dwp.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350