

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Curry**

Conventional or Direct Filtration

Month/Year: **Aug. 2021**

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			0.02	0.02	0.02		0.02
2			0.02	0.02	0.02		0.02
3				0.03	0.03	0.03	0.03
4			0.03	0.02	0.02	0.02	0.03
5	0.02		0.02	0.02	0.02	0.02	0.02
6	0.02		0.02	0.02	0.02		0.02
7			0.02	0.02	0.02	0.02	0.02
8	0.02		0.02	0.02	0.02	0.02	0.02
9	0.02		0.02	0.02	0.02	0.02	0.02
10			0.02	0.02	0.02	0.02	0.02
11	0.02		0.02	0.02	0.02	0.02	0.02
12	0.02		0.02	0.02	0.02	0.02	0.02
13	0.02		0.02	0.02	0.02		0.02
14			0.02	0.02	0.02		0.02
15			0.03	0.03	0.03	0.03	0.03
16			0.03	0.03	0.03	0.03	0.03
17	0.03		0.02	0.03	0.03	0.02	0.03
18	0.02		0.02	0.02	0.02	0.02	0.02
19	0.02		0.02	0.02	0.02	0.02	0.02
20	0.02		0.02	0.02	0.02	0.02	0.02
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
28			0.02	0.02	0.02	0.02	0.02
29			0.02	0.03	0.03	0.03	0.03
30			0.03	0.03	0.03	0.03	0.03
31			0.03	0.03	0.03	0.03	0.03

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <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:**  
**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))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP-A:

System Name:	City of Port Orford	ID# 4100670	Month/Year:	Aug. 2021	Disinfection Giardia 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	1.1	37.5	41.3	17.0	7.20	26.0	YES	255
2@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
3@1pm	1.1	37.5	41.3	16.0	7.20	27.8	YES	
4@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
5@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
6@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
7@1pm	1.2	37.5	45.0	16.0	7.30	29.1	YES	
8@1pm	1.2	37.5	45.0	17.0	7.20	26.3	YES	
9@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
10@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
11@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
12@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
13@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
14@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
15@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
16@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
17@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
18@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
19@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
20@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
21@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
22@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
23@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
24@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	
25@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	
26@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	
27@1pm	1.2	37.5	45.0	16.0	7.20	28.1	YES	
28@1pm	1.2	37.5	45.0	16.0	7.30	29.1	YES	
29@1pm	1.2	37.5	45.0	16.0	7.30	29.1	YES	
30@1pm	1.2	37.5	45.0	16.0	7.30	29.1	YES	
31@1pm	1	37.5	37.5	16.0	7.30	28.5	YES	

<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.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350