

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Curry**

Conventional or Direct Filtration

Month/Year: **Sept. 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			0.03	0.00	0.03	0.03	0.03	
2			0.02	0.00	0.03	0.03	0.03	
3	0.03		0.02	0.02	0.03	0.02	0.03	
4	0.02		0.02	0.02	0.02		0.02	
5			0.02	0.02	0.02	0.02	0.02	
6			0.02	0.02	0.02	0.02	0.02	
7			0.02	0.03	0.02	0.03	0.03	
8			0.02	0.02	0.02	0.02	0.02	
9			0.03	0.03	0.03	0.03	0.03	
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	0.03	0.03	
13			0.02	0.02	0.02	0.02	0.02	
14			0.02	0.02	0.02	0.02	0.02	
15			0.02	0.02	0.02	0.02	0.02	
16			0.03	0.02	0.02	0.02	0.03	
17			0.02	0.02	0.02	0.02	0.02	
18			NO	ENTRIES				
19			NO	ENTRIES				
20			0.02				0.02	
21			0.02	0.02	0.02	0.02	0.02	
22			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	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	
27			0.03				0.03	
28				0.02	0.15	0.05	0.15	
29					0.03	0.00	0.03	
30			0.02	0.02	0.02		0.02	
31								

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: S/ Dave Terrusa	10/5/2021
	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))

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: City of Port Orford				ID# 4100670	Month/Year: Sept. 2021	WTP-A: Disinfection <i>Giardia</i> Log Inactive: 1	
----------------------------------	--	--	--	-------------	------------------------	--	--

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	15.0	7.30	31.1	YES	255
2@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
3@1pm	1.2	37.5	45.0	15.0	7.30	31.1	YES	255
4@1pm	1.2	37.5	45.0	14.0	7.30	33.3	YES	255
5@1pm	1.2	37.5	45.0	14.0	7.30	33.3	YES	255
6@1pm	1.2	37.5	45.0	15.0	7.30	31.1	YES	255
7@1pm	1.2	37.5	45.0	15.0	7.30	31.1	YES	255
8@1pm	1.2	37.5	45.0	15.0	7.30	31.1	YES	255
9@1pm	1.2	37.5	45.0	15.0	7.30	31.1	YES	255
10@1pm	1.2	37.5	45.0	16.0	7.30	29.1	YES	255
11@1pm	1.2	37.5	45.0	15.0	7.30	31.1	YES	255
12@1pm	1.1	37.5	41.3	15.0	7.20	29.7	YES	255
13@1pm	1.2	37.5	45.0	15.0	7.30	31.1	YES	255
14@1pm	1.2	37.5	45.0	15.0	7.30	31.1	YES	255
15@1pm	1.2	37.5	45.0	15.0	7.30	31.1	YES	255
16@1pm	1.2	37.5	45.0	15.0	7.30	31.1	YES	255
17@1pm	1.2	37.5	45.0	14.0	7.20	32.1	YES	255
18@1pm				NO	ENTRIES			
19@1pm				NO	ENTRIES			
20@1pm	1.2	37.5	45.0	14.0	7.30	33.3	YES	255
21@1pm	1.2	37.5	45.0	14.0	7.20	32.1	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	1.3	37.5	48.8	15.0	7.20	30.4	YES	255
25@1pm	1.2	37.5	45.0	15.0	7.20	30.0	YES	255
26@1pm	1.1	37.5	41.3	14.0	7.20	31.7	YES	255
27@1pm	1.1	37.5	41.3	15.0	7.20	29.7	YES	255
28@1pm	1.1	37.5	41.3	15.0	7.20	29.7	YES	255
29@1pm	1.2	37.5	45.0	14.0	7.20	32.1	YES	255
30@1pm	1.2	37.5	45.0	13.0	7.20	34.3	YES	255
31@1pm								

<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