

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**
 Month/Year: **Sep-21**

Conventional or Direct Filtration

System Name: **Powers, City of** ID#: **41-00672** WTP: **TP - A**

Day	Midnight [NTU]	0400 [NTU]	0800 [NTU]	NOON [NTU]	1600 [NTU]	2000 [NTU]	Highest Reading of the Day ¹ [NTU]
1	0.05	0.05	0.07	0.05	OFF	0.05	0.07
2	OFF	OFF	0.05	OFF	0.05	0.05	0.05
3	OFF	0.06	OFF	0.05	0.05	OFF	0.06
4	0.05	OFF	0.09	OFF	0.06	0.05	0.09
5	0.05	0.05	OFF	OFF	0.05	OFF	0.05
6	0.05	OFF	0.06	0.05	OFF	OFF	0.06
7	0.05	OFF	0.05	0.05	OFF	0.05	0.05
8	OFF	OFF	0.05	0.06	0.06	0.05	0.06
9	0.05	OFF	0.05	0.06	0.06	0.05	0.06
10	OFF	OFF	0.06	0.05	0.05	OFF	0.06
11	0.05	OFF	0.07	0.06	OFF	0.05	0.07
12	OFF	OFF	0.05	0.05	0.06	0.05	0.06
13	OFF	OFF	OFF	0.06	0.06	0.05	0.06
14	0.05	OFF	0.07	0.05	OFF	0.05	0.07
15	OFF	0.10	OFF	0.05	0.05	OFF	0.10
16	OFF	OFF	0.05	0.07	OFF	0.05	0.07
17	OFF	OFF	0.05	0.07	0.06	0.06	0.07
18	OFF	0.09	OFF	0.05	OFF	0.06	0.09
19	OFF	0.07	OFF	0.08	OFF	OFF	0.08
20	OFF	OFF	OFF	OFF	0.06	0.06	0.06
21	0.06	0.06	0.07	0.08	0.08	0.06	0.08
22	OFF	OFF	OFF	OFF	0.06	0.06	0.06
23	OFF	OFF	0.06	0.06	0.06	0.06	0.06
24	OFF	OFF	OFF	0.06	OFF	0.06	0.06
25	0.06	OFF	0.11	0.06	OFF	OFF	0.11
26	OFF	0.07	OFF	0.06	0.06	OFF	0.07
27	OFF	0.06	OFF	0.06	OFF	0.06	0.06
28	OFF	OFF	0.06	OFF	0.06	OFF	0.06
29	OFF	OFF	OFF	0.08	0.08	OFF	0.08
30	0.06	OFF	OFF	0.06	0.07	OFF	0.07
31							

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

Notes:	PRINTED NAME: Dave Terrusa	
	SIGNATURE: /S/ Dave Terrusa	DATE: 10/5/21
	PHONE #: (541) 253-7556	CERT #: 6930

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 2400 through 2000 may not correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - A

System Name:	Powers, City of	ID#: 41-00672	Month/Year:	Sep-21	Disinfection <i>Giardia</i> Log Inactive:	1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
Daily about 09:30	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.51	706	360	18.5	7.66	26	YES	40
2	0.5	564	282	17.8	7.8	29	YES	50
3	0.49	564	277	18.2	7.8	27	YES	50
4	0.34	496	169	17.8	7.87	29	YES	50
5	0.59	452	267	18.1	7.72	28	YES	60
6	0.52	403	210	19.0	7.77	26	YES	70
7	0.55	403	222	19.7	7.93	27	YES	70
8	0.37	288	107	20.2	7.77	24	YES	90
9	0.54	354	191	20.4	7.55	22	YES	80
10	0.45	353	159	20.1	7.44	21	YES	80
11	0.42	564	237	19.7	7.45	22	YES	50
12	0.42	470	198	15.7	7.45	29	YES	60
13	0.41	326	134	18.9	7.56	24	YES	80
14	0.48	471	226	18.2	8.03	30	YES	60
15	0.47	470	221	18.0	7.60	26	YES	60
16	0.42	706	296	17.9	7.52	25	YES	40
17	0.43	906	390	17.3	7.71	28	YES	30
18	0.45	941	423	17.2	7.56	27	YES	30
19	0.45	676	304	18.5	7.41	24	YES	40
20	0.38	804	306	18.0	7.53	25	YES	30
21	0.32	397	127	16.8	7.30	25	YES	70
22	0.41	370	152	16.6	7.53	28	YES	70
23	0.37	395	146	16.9	7.62	28	YES	70
24	0.53	941	498	18.7	7.43	24	YES	30
25	0.53	706	374	16.8	7.35	26	YES	40
26	0.27	929	251	17.3	7.49	26	YES	30
27	0.53	1411	748	17.1	7.48	27	YES	20
28	0.48	1411	677	17.6	7.45	25	YES	20
29	0.46	420	193	16.1	7.50	29	YES	60
30	0.55	941	518	15.5	7.49	30	YES	30
31		#DIV/0!						

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised April 2020

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