

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Nov-21**

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	OFF	OFF	OFF	0.05	OFF	OFF	0.05
2	OFF	OFF	OFF	OFF	0.05	0.06	0.06
3	0.05	0.05	0.05	0.05	OFF	0.05	0.05
4	0.05	0.05	0.05	0.06	OFF	OFF	0.06
5	OFF	OFF	OFF	0.10	0.06	0.05	0.10
6	0.05	0.05	OFF	0.05	0.05	OFF	0.05
7	OFF	OFF	0.05	OFF	OFF	0.05	0.05
8	OFF	OFF	0.05	OFF	0.05	0.05	0.05
9	0.05	OFF	OFF	0.05	OFF	0.05	0.05
10	0.05	OFF	0.06	0.05	OFF	0.05	0.06
11	OFF	OFF	0.05	0.05	OFF	0.05	0.05
12	OFF	OFF	0.05	0.04	0.07	0.05	0.07
13	0.05	OFF	OFF	0.05	0.05	OFF	0.05
14	0.05	OFF	OFF	0.05	OFF	0.05	0.05
15	0.04	OFF	0.05	0.04	OFF	OFF	0.05
16	0.04	OFF	OFF	0.04	OFF	0.05	0.05
17	0.05	OFF	0.05	0.05	OFF	0.05	0.05
18	0.05	0.05	OFF	0.05	OFF	0.05	0.05
19	OFF	OFF	0.05	OFF	0.05	OFF	0.05
20	OFF	0.05	OFF	0.05	0.05	OFF	0.05
21	0.05	OFF	OFF	OFF	OFF	0.08	0.08
22	0.05	OFF	OFF	OFF	OFF	0.04	0.05
23	0.04	0.04	OFF	OFF	0.04	0.04	0.04
24	OFF	OFF	0.04	OFF	0.04	0.04	0.04
25	OFF	0.05	OFF	0.05	0.05	OFF	0.05
26	0.05	OFF	OFF	0.05	0.05	OFF	0.05
27	0.05	OFF	OFF	0.06	0.04	0.04	0.06
28	0.04	0.04	0.04	OFF	0.04	0.04	0.04
29	OFF	0.04	OFF	0.04	OFF	0.09	0.09
30	0.04	OFF	0.05	OFF	0.05	0.05	0.05
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: 12/6/2021
	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:	Nov-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	0.63	1158	729	15.2	7.62	32	YES	20
2	0.64	1033	661	14.4	7.9	38	YES	20
3	0.83	580	481	13.3	7.8	40	YES	40
4	0.57	634	361	13.8	7.40	33	YES	40
5	0.46	810	373	13.9	7.54	34	YES	30
6	0.86	944	812	12.5	7.34	36	YES	30
7	0.81	942	763	13.4	7.48	35	YES	30
8	0.76	872	663	11.9	7.43	39	YES	30
9	0.75	941	706	10.9	7.47	42	YES	30
10	0.65	1411	917	12.5	7.51	37	YES	20
11	0.73	941	687	13.7	7.43	34	YES	30
12	0.79	902	712	13.9	7.55	35	YES	30
13	0.81	705	571	14.3	7.44	33	YES	40
14	0.84	941	790	13.7	7.55	36	YES	30
15	0.84	1411	1185	13.4	7.61	37	YES	20
16	0.83	706	586	13.2	7.47	36	YES	40
17	0.64	1308	837	12.0	7.44	38	YES	20
18	0.72	806	581	10.7	7.63	45	YES	35
19	0.72	940	677	11.2	7.58	42	YES	30
20	0.65	1411	917	11.5	7.27	37	YES	20
21	0.64	902	577	11.9	7.61	40	YES	30
22	0.6	859	516	9.5	7.59	47	YES	30
23	0.83	1129	937	8.9	7.42	47	YES	25
24	0.77	1881	1448	10.6	7.37	41	YES	15
25	0.71	941	668	10.3	7.31	41	YES	30
26	0.7	941	658	9.7	7.41	44	YES	30
27	0.68	123	84	10.1	7.58	45	YES	215
28	0.79	683	540	11.0	7.54	43	YES	40
29	0.68	941	640	12.7	7.57	38	YES	30
30	0.63	1062	669	11.2	7.57	42	YES	25
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