

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Jul-22**

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 <sup>1</sup> [NTU]
1	0.05	OFF	0.05	0.05	OFF	0.05	0.05
2	0.05	0.05	0.05	0.05	0.05	0.05	0.05
3	OFF	OFF	0.05	0.05	0.05	0.05	0.05
4	OFF	0.05	OFF	0.05	0.05	0.05	0.05
5	0.05	OFF	0.05	0.05	0.05	0.05	0.05
6	OFF	OFF	0.05	0.05	0.05	0.05	0.05
7	OFF	0.05	OFF	0.05	0.05	0.05	0.05
8	OFF	OFF	0.05	0.05	OFF	0.05	0.05
9	OFF	0.06	OFF	OFF	0.05	0.05	0.06
10	0.05	0.05	0.05	0.05	0.05	0.05	0.05
11	OFF	0.05	0.06	0.05	0.05	0.05	0.05
12	0.05	OFF	0.05	0.05	0.05	0.05	0.05
13	0.06	0.06	0.05	0.05	0.05	0.07	0.07
14	OFF	0.06	OFF	0.05	0.05	0.05	0.06
15	OFF	0.05	OFF	0.06	0.06	0.06	0.06
16	0.06	0.06	0.05	OFF	0.05	OFF	0.06
17	0.05	OFF	0.05	0.05	0.05	0.05	0.05
18	0.05	OFF	0.05	OFF	0.05	0.05	0.05
19	0.05	0.05	0.05	0.05	0.07	0.06	0.07
20	0.05	0.05	0.05	0.05	0.05	0.05	0.05
21	OFF	0.06	OFF	OFF	0.05	0.05	0.06
22	0.05	0.05	0.05	0.05	0.05	0.05	0.05
23	OFF	0.05	OFF	0.05	0.05	0.05	0.05
24	0.05	0.05	0.06	0.05	0.05	0.05	0.06
25	0.05	OFF	0.05	0.05	0.05	0.05	0.05
26	0.05	0.05	0.05	OFF	0.06	0.05	0.06
27	0.05	0.05	OFF	0.05	0.06	0.05	0.05
28	0.05	0.05	0.05	OFF	0.06	0.06	0.06
29	0.06	0.06	0.05	0.06	0.05	0.05	0.06
30	0.05	OFF	OFF	0.06	0.05	0.05	0.06
31	0.05	OFF	0.06	0.05	0.05	0.05	0.06

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

<b>Notes:</b>	<b>PRINTED NAME: Dave Terrusa</b>	
	<b>SIGNATURE: JS/ Dave Terrusa</b>	<b>DATE: 8/3/2022</b>
	<b>PHONE #: ( 541 ) 253-7556</b>	<b>CERT #: 6930</b>

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 2400 through 2000 may not correspond to continuous readings' maximum. <sup>2</sup> 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:	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>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow	Minimum Res. Level
Daily about 09:30	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]	formula Feet
1	0.42	282	119	19.1	7.73	25	YES	90	403259.6 27.47
2	0.47	266	125	17.2	7.7	29	YES	100	422784 28.8
3	0.53	353	187	16.8	7.7	30	YES	80	447740 30.5
4	0.49	253	124	18.2	7.37	24	YES	110	442308.4 30.13
5	0.55	582	320	18.7	7.65	26	YES	45	415590.8 28.31
6	0.5	353	176	17.7	7.69	28	YES	80	448033.6 30.52
7	0.49	353	173	18.6	7.57	25	YES	80	448327.2 30.54
8	0.47	403	189	20.3	7.60	22	YES	70	447886.8 30.51
9	0.44	320	141	20.4	7.52	22	YES	80	405902 27.65
10	0.52	314	163	19.2	7.67	25	YES	90	448033.6 30.52
11	0.49	245	120	20.7	7.68	23	YES	115	447740 30.5
12	0.43	195	84	22.4	7.60	19	YES	130	401938.4 27.38
13	0.52	242	126	20.4	7.53	22	YES	110	423371.2 28.84
14	0.47	353	166	21.1	7.67	22	YES	80	447886.8 30.51
15	0.44	271	119	18.8	7.66	25	YES	95	407957.2 27.79
16	0.52	410	213	20.0	7.58	23	YES	65	423077.6 28.82
17	0.49	313	154	19.0	7.70	26	YES	90	447740 30.5
18	0.41	258	106	19.7	7.56	23	YES	95	389313.6 26.52
19	0.6	195	117	19.8	7.69	24	YES	130	402966 27.45
20	0.71	239	170	20.5	7.63	23	YES	110	417646 28.45
21	0.56	327	183	20.9	7.69	23	YES	80	415150.4 28.28
22	0.68	352	239	20.9	7.63	22	YES	80	447152.8 30.46
23	0.67	238	159	21.1	7.61	22	YES	115	433794 29.55
24	0.66	235	155	20.3	7.69	24	YES	120	447740 30.5
25	0.64	285	182	21.2	7.64	22	YES	90	407223.2 27.74
26	0.68	251	171	21.9	7.54	20	YES	100	399002.4 27.18
27	0.83	154	127	22.0	7.57	21	YES	150	365678.8 24.91
28	0.6	261	156	22.6	7.67	20	YES	90	372578.4 25.38
29	0.85	220	187	22.2	7.72	22	YES	115	402232 27.4
30	0.68	331	225	22.8	7.67	20	YES	80	420582 28.65
31	0.69	235	162	22.3	7.64	20	YES	120	447886.8 30.51

<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 April 2020

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