

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Mar-23**

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	0.04	OFF	0.04	0.04	OFF	0.04	0.04
2	0.04	OFF	0.04	0.04	0.04	0.04	0.04
3	0.04	0.04	OFF	0.04	0.04	OFF	0.04
4	0.04	0.04	OFF	0.04	0.04	OFF	0.04
5	0.04	OFF	OFF	0.05	0.04	OFF	0.05
6	0.04	OFF	0.06	0.04	0.04	0.04	0.06
7	OFF	0.04	OFF	0.04	0.04	0.04	0.04
8	0.04	OFF	0.06	0.04	OFF	OFF	0.06
9	0.04	OFF	0.04	0.04	OFF	0.05	0.05
10	0.04	OFF	0.07	0.04	OFF	0.04	0.07
11	OFF	OFF	0.04	OFF	0.04	0.04	0.04
12	0.04	OFF	0.04	OFF	0.04	0.04	0.04
13	OFF	0.04	OFF	OFF	0.04	OFF	0.04
14	OFF	OFF	OFF	OFF	OFF	OFF	OFF
15	0.06	0.04	0.04	0.04	0.04	0.04	0.04
16	0.03	0.03	0.03	0.03	0.04	0.04	0.04
17	0.04	0.04	0.04	0.04	0.04	OFF	0.04
18	0.04	0.04	OFF	0.04	0.05	0.05	0.05
19	0.04	0.04	0.04	0.04	OFF	OFF	0.04
20	0.04	0.04	0.04	0.04	0.05	0.08	0.08
21	0.09	0.08	OFF	OFF	0.04	0.04	0.09
22	0.04	0.04	0.04	0.04	0.04	0.04	0.04
23	0.04	0.04	0.04	0.04	0.04	0.04	0.04
24	0.04	OFF	OFF	0.04	0.04	0.04	0.04
25	0.04	OFF	OFF	0.04	OFF	OFF	0.04
26	0.04	OFF	OFF	0.04	0.04	0.04	0.04
27	0.04	0.04	OFF	OFF	OFF	OFF	0.04
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF
31	OFF	OFF	OFF	OFF	OFF	OFF	0.06

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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes	Yes	Yes
All turbidity readings < IFE ² triggers	Yes		

Notes:	PRINTED NAME: Dave Terrusa	
	SIGNATURE: /S/ Dave Terrusa	DATE: 4/5/2023
	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: Mar-23	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	Minimum Res. Level
Daily about 09:30	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]	formula Feet
1	0.51	1411	720	7.9	7.51	50	YES	20	447886.8 30.51
2	0.5	1316	658	8.5	7.5	49	YES	20	417646 28.45
3	0.56	1411	790	8.2	7.6	51	YES	20	448033.6 30.52
4	0.55	941	517	6.9	7.58	55	YES	30	448033.6 30.52
5	0.48	1332	639	8.6	7.61	49	YES	20	422930.8 28.81
6	0.52	1396	726	7.2	7.58	54	YES	20	443189.2 30.19
7	0.52	1410	733	8.1	7.53	50	YES	20	447740 30.5
8	0.49	1411	691	6.8	7.56	55	YES	20	447886.8 30.51
9	0.5	941	470	8.6	7.41	46	YES	30	448033.6 30.52
10	0.48	941	452	8.6	7.55	48	YES	30	448033.6 30.52
11	0.44	666	293	8.6	7.55	48	YES	40	422637.2 28.79
12	0.52	1411	734	9.8	7.47	44	YES	20	448033.6 30.52
13	0.47	1364	641	10.1	7.52	43	YES	20	432913.2 29.49
14	0.35	837	293	9.4	7.47	44	YES	20	265854.8 18.11
15	0.4	853	341	9.1	7.42	44	YES	20	270699.2 18.44
16	0.63	1093	688	10.9	7.62	43	YES	20	346888.4 23.63
17	0.6	656	393	9.1	7.53	47	YES	40	416324.8 28.36
18	0.52	1291	671	9.3	7.52	46	YES	20	409718.8 27.91
19	0.48	832	400	9.6	7.77	49	YES	30	396360 27
20	0.53	1298	688	9.2	7.50	46	YES	20	412214.4 28.08
21	0.63	84	53	8.9	7.54	48	YES	248	328832 22.4
22	0.57	451	257	8.8	7.45	47	YES	50	358192 24.4
23	0.67	1362	912	9.5	7.30	43	YES	20	432326 29.45
24	0.55	1402	771	9.6	7.49	45	YES	20	444950.8 30.31
25	0.51	1458	744	8.4	7.71	52	YES	20	462860.4 31.53
26	0.5	1457	728	9.1	8.05	56	YES	20	462420 31.5
27	0.77	1466	1129	9.4	7.63	49	YES	20	465502.8 31.71
28	OFF	#VALUE!	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF	#VALUE! OFF
29	OFF	#VALUE!	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF	#VALUE! OFF
30	OFF	#VALUE!	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF	#VALUE! OFF
31	0.5	378	189	9.8	7.39	42	YES	20	119935.6 8.17

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