

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Apr-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 <sup>1</sup> [NTU]
1	0.03	0.03	0.03	0.04	0.05	0.06	0.06
2	0.06	0.07	0.09	0.03	0.03	0.04	0.09
3	0.04	0.04	0.04	0.04	0.04	0.05	0.05
4	0.04	0.04	0.04	0.05	0.03	0.03	0.05
5	0.04	0.06	0.07	0.03	OFF	OFF	0.07
6	OFF	OFF	0.04	0.03	OFF	OFF	0.04
7	OFF	OFF	OFF	0.04	0.05	OFF	0.05
8	OFF	OFF	OFF	0.04	0.04	0.03	0.04
9	OFF	OFF	OFF	OFF	0.04	0.04	0.04
10	OFF	OFF	OFF	0.03	OFF	OFF	0.03
11	OFF	OFF	0.04	0.04	0.04	OFF	0.04
12	OFF	OFF	0.04	0.03	OFF	OFF	0.04
13	OFF	OFF	0.05	0.04	0.04	OFF	0.05
14	OFF	OFF	0.05	OFF	0.06	0.04	0.06
15	0.03	0.03	0.03	OFF	OFF	OFF	0.03
16	OFF	0.04	0.04	0.03	OFF	OFF	0.04
17	OFF	0.03	0.04	OFF	OFF	OFF	0.04
18	OFF	OFF	OFF	0.05	0.04	OFF	0.05
19	OFF	OFF	OFF	0.04	0.04	OFF	0.04
20	OFF	OFF	0.04	0.05	0.05	OFF	0.05
21	OFF	OFF	OFF	OFF	0.06	OFF	0.06
22	0.04	0.03	0.03	OFF	OFF	OFF	0.04
23	0.03	0.03	OFF	OFF	0.04	0.03	0.04
24	OFF	OFF	OFF	OFF	0.03	0.03	0.03
25	OFF	OFF	OFF	0.03	OFF	OFF	0.03
26	OFF	OFF	0.03	0.03	0.03	OFF	0.03
27	OFF	OFF	OFF	0.03	0.03	0.03	0.03
28	0.03	OFF	0.04	0.03	OFF	OFF	0.04
29	OFF	0.03	0.03	OFF	OFF	OFF	0.03
30	0.05	0.03	OFF	0.03	OFF	OFF	0.05
31							

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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<b>Yes</b>	<b>Yes</b>	<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: /S/ Dave Terrusa</b>	<b>DATE: 5/5/23</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: Apr-23	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	0.74	569	421	9.1	7.49	47	YES	20	180710.8 12.31
2	0.75	949	712	9.8	7.5	45	YES	20	301380.4 20.53
3	0.69	1323	913	8.0	7.4	48	YES	20	419994.8 28.61
4	0.68	1336	908	9.2	7.38	45	YES	20	424105.2 28.89
5	0.68	1402	953	11.1	7.47	41	YES	20	444950.8 30.31
6	0.66	1318	870	10.5	7.46	42	YES	20	418380 28.5
7	0.63	377	238	10.0	7.47	44	YES	70	419260.8 28.56
8	0.58	377	218	10.2	7.55	44	YES	70	418380 28.5
9	0.61	351	214	11.2	7.58	42	YES	75	418380 28.5
10	0.65	908	590	11.5	7.53	40	YES	30	432472.8 29.46
11	0.64	439	281	11.5	7.50	40	YES	60	418380 28.5
12	0.63	451	284	9.9	7.50	44	YES	60	429390 29.25
13	0.65	377	245	10.0	7.50	44	YES	70	418380 28.5
14	0.63	332	209	10.1	7.70	47	YES	70	368468 25.1
15	0.64	317	203	10.1	7.63	46	YES	80	402378.8 27.41
16	0.62	351	218	9.9	7.61	46	YES	75	418380 28.5
17	0.62	527	327	9.8	7.51	45	YES	50	418380 28.5
18	0.7	879	615	9.0	7.68	51	YES	30	418380 28.5
19	0.63	450	283	9.7	7.67	48	YES	60	428509.2 29.19
20	0.66	667	440	10.4	7.59	44	YES	40	423371.2 28.84
21	0.65	1197	778	10.7	7.60	44	YES	20	379918.4 25.88
22	0.71	377	268	10.2	7.74	48	YES	70	418820.4 28.53
23	0.75	679	509	11.2	7.42	40	YES	40	431004.8 29.36
24	0.77	220	169	10.8	7.54	43	YES	120	418380 28.5
25	0.74	338	250	11.1	7.45	41	YES	80	429390 29.25
26	0.76	329	250	11.3	7.30	38	YES	80	418380 28.5
27	0.7	352	247	11.2	7.42	40	YES	70	391662.4 26.68
28	0.78	221	173	12.6	7.44	37	YES	120	421903.2 28.74
29	0.76	329	250	11.6	7.48	40	YES	80	418380 28.5
30	0.71	329	234	12.1	7.62	40	YES	80	418380 28.5
		#DIV/0!							0

<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; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350