

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

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

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

Notes:	PRINTED NAME: Dave Terrusa	
	SIGNATURE: /S/ Dave Terrusa	DATE: 8/4/2023
	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:	Jul-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	0.64	94	60	20.7	7.69	23	YES	250	374046.4 25.48
2	0.76	177	134	20.5	7.7	24	YES	140	393130.4 26.78
3	0.64	162	104	20.7	7.7	23	YES	170	437317.2 29.79
4	0.73	149	109	20.1	7.67	24	YES	180	426600.8 29.06
5	0.74	150	111	20.6	7.67	23	YES	180	427922 29.15
6	0.57	145	82	20.7	7.43	21	YES	190	435996 29.7
7	0.54	92	50	20.8	7.94	25	YES	260	381533.2 25.99
8	0.71	106	75	19.5	7.67	25	YES	230	385790.4 26.28
9	0.65	98	63	19.7	7.81	26	YES	250	386964.8 26.36
10	0.74	118	87	19.9	7.57	24	YES	210	393570.8 26.81
11	0.73	131	95	19.8	7.64	24	YES	190	394158 26.85
12	0.72	74	53	19.8	7.61	24	YES	285	332942.4 22.68
13	0.64	100	64	21.2	7.42	20	YES	210	332355.2 22.64
14	0.67	144	96	21.1	7.56	21	YES	170	387552 26.4
15	0.48	203	97	22.3	7.56	19	YES	130	418380 28.5
16	0.46	102	47	21.8	7.60	20	YES	260	421022.4 28.68
17	0.41	130	53	22.2	7.55	19	YES	190	391075.2 26.64
18	0.63	117	74	21.1	7.60	22	YES	220	409425.2 27.89
19	0.48	143	69	21.4	7.51	20	YES	190	432032.4 29.43
20	0.53	176	93	21.4	7.54	21	YES	150	419848 28.6
21	0.56	132	74	21.1	7.66	22	YES	190	399002.4 27.18
22	0.6	137	82	22.1	7.52	20	YES	190	412948.4 28.13
23	0.59	116	68	22.2	7.85	22	YES	220	403846.8 27.51
24	0.65	119	78	21.2	7.53	21	YES	220	416765.2 28.39
25	0.62	180	112	21.5	7.52	20	YES	140	400764 27.3
26	0.66	152	100	21.0	7.69	23	YES	180	434087.6 29.57
27	0.67	132	88	19.3	7.46	23	YES	200	418967.2 28.54
28	0.68	163	111	20.4	7.45	22	YES	170	438785.2 29.89
29	0.71	165	117	20.8	7.41	21	YES	160	418380 28.5
30	0.65	115	75	20.7	7.45	21	YES	230	421316 28.7
31	0.66	131	87	20.6	7.28	20	YES	180	375367.6 25.57

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
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