

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Aug-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	0.05	0.05	0.05	0.06	0.05	OFF	0.06
2	0.05	0.04	OFF	0.05	0.05	OFF	0.06
3	0.05	0.04	0.04	OFF	0.06	0.05	0.06
4	0.04	OFF	OFF	0.04	0.05	0.05	0.06
5	0.05	0.04	0.05	0.05	0.05	0.05	0.05
6	0.04	OFF	OFF	0.05	0.05	0.04	0.06
7	0.04	0.04	OFF	0.05	0.05	OFF	0.05
8	OFF	0.04	0.04	0.07	0.05	0.05	0.07
9	0.04	0.04	0.05	OFF	OFF	0.05	0.10
10	0.04	0.04	0.04	0.05	OFF	OFF	0.08
11	0.04	0.04	0.04	0.05	OFF	OFF	0.08
12	0.04	0.04	OFF	0.08	0.05	0.04	0.08
13	0.04	0.04	0.04	0.05	OFF	OFF	0.10
14	0.04	0.04	0.04	0.05	0.05	0.04	0.05
15	0.04	OFF	OFF	0.04	0.05	0.04	0.05
16	0.04	OFF	OFF	0.08	0.05	0.05	0.08
17	0.04	0.04	OFF	0.05	0.05	0.04	0.05
18	OFF	OFF	0.05	0.05	0.04	OFF	0.05
19	OFF	0.04	0.04	0.05	OFF	0.05	0.06
20	0.04	OFF	OFF	OFF	0.05	0.04	0.08
21	0.04	0.04	0.04	OFF	0.05	0.04	0.05
22	0.04	OFF	OFF	0.05	0.04	OFF	0.05
23	OFF	0.04	0.04	OFF	0.05	0.04	0.07
24	0.04	OFF	OFF	0.04	0.05	OFF	0.06
25	OFF	0.04	0.04	0.05	0.05	0.05	0.05
26	0.04	OFF	OFF	0.05	0.05	0.04	0.06
27	0.04	OFF	OFF	0.05	0.05	0.05	0.06
28	0.05	OFF	OFF	0.05	0.05	0.05	0.07
29	0.04	OFF	OFF	0.05	OFF	OFF	0.08
30	OFF	0.04	OFF	0.06	0.05	0.05	0.08
31	OFF	OFF	OFF	0.05	0.05	OFF	0.07

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: 5 Sep 23
	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:	Aug-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	0.61	149	91	20.8	7.64	22	YES	170	401204.4 27.33
2	0.63	139	87	20.6	7.7	23	YES	190	418380 28.5
3	0.55	170	94	19.9	7.7	24	YES	155	419114 28.55
4	0.62	154	95	20.2	7.91	26	YES	155	378156.8 25.76
5	0.7	119	83	21.7	7.69	22	YES	220	414122.8 28.21
6	0.61	101	62	23.0	7.66	19	YES	250	402085.2 27.39
7	0.64	133	85	22.7	7.67	20	YES	200	421169.2 28.69
8	0.58	111	64	22.5	7.66	20	YES	215	379184.4 25.83
9	0.64	159	102	23.0	7.69	20	YES	160	404140.4 27.53
10	0.59	118	69	22.6	7.67	20	YES	220	411333.6 28.02
11	0.6	154	92	21.9	7.68	21	YES	170	415737.6 28.32
12	0.64	121	78	21.3	7.71	22	YES	210	403846.8 27.51
13	0.59	102	60	21.3	7.69	22	YES	250	404580.8 27.56
14	0.63	103	65	21.7	7.56	21	YES	250	409278.4 27.88
15	0.62	127	79	22.3	7.55	20	YES	210	423518 28.85
16	0.6	113	68	22.7	7.60	19	YES	215	385056.4 26.23
17	0.65	177	115	23.1	7.58	19	YES	150	421022.4 28.68
18	0.54	171	93	22.8	7.58	19	YES	160	435115.2 29.64
19	0.53	182	96	22.9	7.64	19	YES	145	418380 28.5
20	0.58	153	89	21.5	7.78	22	YES	150	364504.4 24.83
21	0.59	168	99	20.5	7.66	23	YES	150	401057.6 27.32
22	0.59	203	120	20.2	7.67	24	YES	130	419260.8 28.56
23	0.57	176	100	19.8	7.73	25	YES	150	418380 28.5
24	0.62	191	119	19.5	7.76	26	YES	140	425279.6 28.97
25	0.58	206	119	20.1	7.64	23	YES	125	408691.2 27.84
26	0.57	211	120	20.7	7.59	22	YES	125	418380 28.5
27	0.62	188	117	21.3	7.65	22	YES	140	418380 28.5
28	0.58	128	74	21.0	7.74	23	YES	210	428068.8 29.16
29	0.62	140	87	20.7	7.65	23	YES	190	423371.2 28.84
30	0.56	216	121	20.2	7.71	24	YES	120	412214.4 28.08
31	0.55	233	128	20.2	7.69	24	YES	115	426160.4 29.03

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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