

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Oct-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	OFF	OFF	OFF	OFF	0.05	0.04	0.05
2	0.04	0.04	0.04	OFF	0.04	0.04	0.06
3	0.04	0.04	0.04	0.04	0.04	0.04	0.04
4	OFF	OFF	OFF	0.04	0.04	OFF	0.06
5	OFF	OFF	OFF	0.04	0.04	0.04	0.07
6	OFF	OFF	OFF	OFF	0.04	0.04	0.07
7	0.04	0.04	0.04	OFF	0.05	0.05	0.05
8	0.05	OFF	OFF	0.05	0.05	0.05	0.08
9	OFF	OFF	OFF	0.05	0.05	OFF	0.08
10	OFF	OFF	OFF	0.05	0.05	0.05	0.08
11	OFF	OFF	OFF	0.05	OFF	OFF	0.07
12	OFF	OFF	0.05	OFF	OFF	OFF	0.07
13	OFF	OFF	OFF	0.06	0.05	0.05	0.06
14	0.05	0.05	0.05	0.05	0.05	0.04	0.05
15	0.04	0.04	OFF	0.04	0.04	0.04	0.04
16	OFF	OFF	OFF	OFF	0.05	0.05	0.05
17	0.05	0.05	0.05	OFF	OFF	OFF	0.06
18	OFF	OFF	0.05	0.05	0.04	0.04	0.06
19	OFF	OFF	OFF	0.04	0.04	0.04	0.07
20	0.04	OFF	OFF	OFF	0.04	0.04	0.07
21	0.04	0.04	0.04	OFF	0.04	0.04	0.07
22	OFF	OFF	OFF	0.04	0.04	0.04	0.07
23	0.04	OFF	OFF	0.04	OFF	OFF	0.07
24	OFF	OFF	0.04	0.04	0.04	OFF	0.07
25	OFF	OFF	OFF	0.04	0.04	0.04	0.05
26	OFF	OFF	OFF	OFF	0.06	0.06	0.07
27	0.05	0.05	0.05	0.05	OFF	OFF	0.05
28	OFF	0.05	0.04	0.04	0.04	OFF	0.07
29	OFF	OFF	OFF	0.04	0.04	0.04	0.07
30	0.04	0.04	OFF	0.04	OFF	OFF	0.04
31	OFF	0.04	0.04	0.04	0.04	0.04	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)
All 4-hour turbidity readings ≤ 1 NTU?	Yes	All Cl2 residual at entry point ≥ 0.2 mg/l?
All turbidity readings < IFE ² triggers	Yes	Yes

Notes:	PRINTED NAME: Dave Terrusa	
	SIGNATURE: JS/ Dave Terrusa	DATE: 11/6/23
	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:	Oct-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	0.44	229	101	15.2	7.58	31	YES	90	327657.6 22.32
2	0.89	314	280	13.7	7.5	35	YES	70	349384 23.8
3	0.82	326	267	14.7	7.5	32	YES	75	387845.6 26.42
4	0.63	349	220	15.0	7.61	33	YES	80	443776.4 30.23
5	0.59	381	225	15.0	7.67	33	YES	70	423371.2 28.84
6	0.75	103	77	15.7	7.56	31	YES	250	407957.2 27.79
7	0.72	308	222	16.0	7.48	29	YES	85	415737.6 28.32
8	0.54	346	187	16.4	7.69	30	YES	80	439225.6 29.92
9	0.44	395	174	15.8	7.79	32	YES	70	439078.8 29.91
10	0.54	356	192	15.4	7.90	35	YES	75	423224.4 28.83
11	0.57	370	211	14.8	7.85	36	YES	75	439959.6 29.97
12	0.51	264	135	13.8	7.84	38	YES	80	335438 22.85
13	0.42	262	110	14.8	7.90	36	YES	75	311656.4 21.23
14	0.76	287	218	12.4	7.84	43	YES	80	364651.2 24.84
15	0.67	352	236	13.0	8.21	47	YES	80	447006 30.45
16	0.56	481	269	14.1	7.83	37	YES	50	381680 26
17	0.56	654	366	13.7	7.39	33	YES	40	415297.2 28.29
18	0.48	527	253	13.7	7.76	37	YES	50	418526.8 28.51
19	0.6	192	115	14.8	7.29	29	YES	140	427481.6 29.12
20	0.55	315	173	14.4	7.73	35	YES	80	400470.4 27.28
21	0.93	339	315	14.8	7.69	35	YES	80	430711.2 29.34
22	1.05	310	326	14.3	7.71	37	YES	85	418380 28.5
23	0.8	361	289	14.5	7.75	36	YES	75	430270.8 29.31
24	0.69	377	260	14.0	7.77	37	YES	70	418380 28.5
25	0.66	171	113	13.2	7.97	42	YES	160	433060 29.5
26	0.76	356	271	13.6	7.77	39	YES	70	395919.6 26.97
27	0.85	334	284	10.9	7.88	49	YES	80	424398.8 28.91
28	0.77	377	290	10.4	7.84	49	YES	70	418380 28.5
29	0.82	351	288	10.4	7.75	48	YES	75	417939.6 28.47
30	0.9	353	318	9.1	7.75	53	YES	75	420288.4 28.63
31	0.9	351	316	9.2	7.69	51	YES	75	418380 28.5

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