

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

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

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: 4 Dec 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:	Nov-23	Disinfection <i>Giardia</i> Log Inactive:	1
--------------	-----------------	---------------	-------------	--------	---	---

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]	Minimum Res. Level formula Feet
Daily about 09:30									
1	0.95	326	310	9.6	7.67	50	YES	75	387992.4 26.43
2	1.02	378	385	10.6	7.6	46	YES	70	419554.4 28.58
3	1.05	331	348	11.4	7.6	44	YES	80	420435.2 28.64
4	0.9	317	285	12.1	7.95	46	YES	80	402819.2 27.44
5	0.57	273	156	12.7	7.79	40	YES	80	346448 23.6
6	0.85	249	212	12.0	7.36	38	YES	90	355696.4 24.23
7	1	329	329	11.4	7.51	42	YES	80	417792.8 28.46
8	0.91	163	148	11.5	7.52	42	YES	160	414269.6 28.22
9	1.01	327	330	9.9	7.56	47	YES	80	415003.6 28.27
10	1.06	331	351	10.5	7.53	45	YES	80	420288.4 28.63
11	1.01	351	355	10.4	7.38	43	YES	80	446125.2 30.39
12	0.93	351	327	11.4	7.52	42	YES	75	418380 28.5
13	0.77	321	247	11.0	7.46	41	YES	80	407370 27.75
14	0.85	59	50	10.6	7.79	48	YES	435	406929.6 27.72
15	0.75	171	128	10.5	7.72	47	YES	155	421169.2 28.69
16	0.7	266	187	14.2	7.75	37	YES	100	422930.8 28.81
17	0.71	336	239	13.8	7.81	39	YES	75	400323.6 27.27
18	0.84	379	319	11.4	8.25	54	YES	70	421462.8 28.71
19	0.79	312	247	12.7	7.72	40	YES	80	396653.6 27.02
20	0.77	348	268	10.0	7.95	53	YES	70	386964.8 26.36
21	1.01	319	322	10.1	7.64	48	YES	80	404874.4 27.58
22	1.02	335	342	10.5	7.67	47	YES	80	426013.6 29.02
23	0.89	355	316	12.5	7.82	43	YES	75	422784 28.8
24	0.96	350	336	11.1	7.68	45	YES	80	444657.2 30.29
25	0.95	377	358	8.8	7.80	55	YES	70	418380 28.5
26	0.8	352	281	7.3	7.81	60	YES	70	390928.4 26.63
27	0.91	325	296	6.3	7.86	66	YES	80	413095.2 28.14
28	0.82	694	569	8.7	7.86	56	YES	40	440400 30
29	0.81	382	309	9.2	7.82	53	YES	70	424398.8 28.91
30	0.79	553	437	10.2	7.91	51	YES	50	439225.6 29.92
31		#DIV/0!							0

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