

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Jan-24**

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	OFF	OFF	0.03	0.03	OFF	0.08
2	OFF	OFF	0.04	OFF	0.03	0.03	0.08
3	0.03	0.03	0.03	0.03	0.03	0.03	0.03
4	0.03	0.03	OFF	0.03	0.05	0.03	0.06
5	0.03	0.03	OFF	0.03	OFF	OFF	0.04
6	OFF	0.04	OFF	0.03	0.03	0.04	0.08
7	OFF	OFF	OFF	OFF	0.04	0.04	0.08
8	0.04	0.04	OFF	0.03	OFF	OFF	0.08
9	0.04	OFF	OFF	OFF	0.04	0.04	0.08
10	0.04	0.04	0.04	0.04	0.04	0.04	0.04
11	0.04	OFF	OFF	0.04	0.03	OFF	0.08
12	OFF	OFF	OFF	0.03	0.03	0.03	0.03
13	0.03	OFF	OFF	0.03	0.03	OFF	0.04
14	OFF	OFF	OFF	0.06	0.04	0.04	0.06
15	0.03	0.03	0.03	OFF	0.03	0.03	0.03
16	0.03	0.03	0.03	0.03	0.03	OFF	0.03
17	OFF	OFF	0.07	0.03	0.05	OFF	0.07
18	OFF	OFF	OFF	0.05	OFF	OFF	0.08
19	OFF	OFF	OFF	OFF	OFF	OFF	0.10
20	0.04	0.04	0.04	0.04	0.04	0.03	0.04
21	0.03	0.03	0.04	0.04	0.04	0.04	0.04
22	0.04	0.04	0.04	OFF	0.03	0.04	0.06
23	0.03	OFF	OFF	OFF	0.04	0.03	0.09
24	0.03	0.03	OFF	0.03	0.03	OFF	0.07
25	OFF	OFF	OFF	0.03	OFF	OFF	0.09
26	OFF	OFF	OFF	OFF	OFF	OFF	0.10
27	0.05	OFF	OFF	OFF	OFF	0.04	0.10
28	0.05	0.06	0.05	0.04	0.04	0.04	0.06
29	0.04	0.04	0.04	OFF	0.03	0.03	0.05
30	0.04	0.04	0.04	0.04	0.03	0.03	0.04
31	0.03	0.03	0.04	0.03	0.03	OFF	0.04

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: JS/ Dave Terrusa	DATE: 2/1/24
	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:	Jan-24	Disinfection <i>Giardia</i> Log Inactive:	1
--------------	-----------------	---------------	-------------	--------	---	---

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	0.85	345	293	10.8	7.50	43	YES	80	437464 29.8
2	0.85	298	254	12.0	7.5	40	YES	80	379037.6 25.82
3	1.03	313	323	11.2	7.6	44	YES	80	397974.8 27.11
4	0.85	350	298	11.5	7.52	41	YES	75	417205.6 28.42
5	0.93	377	351	11.2	7.61	44	YES	70	418820.4 28.53
6	0.83	310	257	10.9	7.55	43	YES	85	418380 28.5
7	0.91	351	320	10.9	7.58	44	YES	75	418380 28.5
8	0.88	329	290	11.9	7.55	41	YES	80	418380 28.5
9	0.87	335	291	11.4	7.48	41	YES	70	372284.8 25.36
10	0.93	354	330	10.2	7.52	45	YES	70	393717.6 26.82
11	0.86	346	298	10.2	7.53	45	YES	80	439959.6 29.97
12	0.8	351	281	10.5	7.47	43	YES	75	418380 28.5
13	0.86	464	399	11.0	7.41	41	YES	60	442161.6 30.12
14	0.82	338	277	11.6	7.65	43	YES	75	401791.6 27.37
15	1	367	367	11.6	7.42	40	YES	70	407810.4 27.78
16	0.88	363	320	11.2	7.37	40	YES	75	432472.8 29.46
17	0.77	374	288	10.9	7.47	42	YES	70	415444 28.3
18	0.64	294	188	12.5	7.32	35	YES	80	373606 25.45
19	0.54	245	132	12.6	7.46	36	YES	75	291691.6 19.87
20	0.8	253	202	11.4	7.50	41	YES	75	300646.4 20.48
21	0.84	335	281	11.5	7.57	42	YES	70	371844.4 25.33
22	0.78	410	320	11.1	7.58	43	YES	65	423077.6 28.82
23	0.79	338	267	12.4	7.81	43	YES	80	429830.4 29.28
24	0.85	377	320	11.6	7.39	39	YES	75	448767.6 30.57
25	0.71	321	228	12.3	7.44	37	YES	80	407663.6 27.77
26	0.65	245	159	13.7	7.52	35	YES	85	330006.4 22.48
27	0.65	230	150	12.2	7.90	44	YES	80	292425.6 19.92
28	0.74	246	182	12.2	7.90	44	YES	80	312977.6 21.32
29	0.84	282	237	12.7	7.38	36	YES	75	335731.6 22.87
30	0.78	301	234	12.9	7.68	39	YES	75	357898.4 24.38
31	0.76	373	283	12.8	7.73	40	YES	70	414416.4 28.23

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