

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**  
 Month/Year: **Apr-24**

Conventional or Direct Filtration

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 <sup>1</sup> [NTU]
1	0.04	0.04	OFF	OFF	OFF	0.04	0.08
2	0.03	0.03	0.03	0.03	0.03	0.03	0.04
3	OFF	OFF	0.03	0.03	0.03	0.03	0.04
4	0.03	OFF	OFF	0.03	0.03	OFF	0.04
5	OFF	OFF	OFF	0.03	0.03	0.03	0.04
6	OFF	OFF	OFF	OFF	0.03	0.04	0.06
7	0.05	0.05	0.05	OFF	OFF	OFF	0.05
8	0.03	0.03	0.03	0.03	OFF	OFF	0.03
9	OFF	OFF	OFF	0.03	0.03	0.03	0.04
10	0.03	0.03	OFF	OFF	OFF	OFF	0.04
11	0.03	0.03	0.03	0.05	0.03	0.03	0.05
12	0.03	0.03	OFF	0.03	OFF	OFF	0.04
13	OFF	OFF	OFF	0.03	0.03	0.03	0.07
14	0.03	OFF	OFF	0.03	0.03	OFF	0.04
15	OFF	OFF	OFF	0.03	0.03	0.03	0.04
16	0.04	OFF	OFF	0.04	0.03	OFF	0.04
17	OFF	OFF	OFF	OFF	0.04	0.04	0.06
18	0.04	0.03	0.03	0.03	0.03	0.03	0.04
19	OFF	OFF	OFF	OFF	0.03	0.03	0.06
20	0.03	OFF	OFF	0.03	0.03	0.03	0.05
21	OFF	OFF	OFF	0.03	0.04	0.03	0.06
22	0.03	OFF	0.03	0.03	0.03	0.03	0.05
23	0.03	0.03	0.03	OFF	0.04	0.03	0.04
24	OFF	OFF	OFF	0.03	0.03	0.03	0.04
25	OFF	OFF	OFF	0.03	0.03	0.03	0.04
26	OFF	OFF	OFF	0.06	0.04	0.04	0.06
27	0.04	0.05	OFF	OFF	0.05	OFF	0.06
28	OFF	OFF	OFF	0.05	0.04	0.04	0.05
29	0.04	OFF	OFF	0.04	OFF	OFF	0.05
30	OFF	OFF	0.04	0.04	0.04	0.03	0.04
31							

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

<b>Notes:</b>	<b>PRINTED NAME: Dave Terrusa</b>	
	<b>SIGNATURE: /S/ Dave Terrusa</b>	<b>DATE: 5/5/24</b>
	<b>PHONE #: ( 541 ) 253-7556</b>	<b>CERT #: 6930</b>

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 2400 through 2000 may not correspond to continuous readings' maximum. <sup>2</sup> 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:	Apr-24	Disinfection <i>Giardia</i> Log Inactive:	1
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	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	0.7	269	188	11.3	7.75	45	YES	95	405608.4 27.63
2	0.86	360	310	11.4	7.7	44	YES	75	428949.6 29.22
3	0.81	377	305	11.7	7.7	43	YES	70	418380 28.5
4	0.83	401	333	11.4	7.63	43	YES	70	445391.2 30.34
5	0.83	338	280	11.1	7.64	44	YES	75	402232 27.4
6	0.65	335	217	10.8	7.71	45	YES	75	398268.4 27.13
7	0.74	310	229	9.9	7.79	50	YES	85	418380 28.5
8	0.74	334	247	10.0	7.63	47	YES	80	424252 28.9
9	0.71	362	257	11.9	7.72	42	YES	70	401791.6 27.37
10	0.71	351	250	11.0	7.76	46	YES	75	418380 28.5
11	0.69	375	259	11.3	7.76	45	YES	70	417058.8 28.41
12	0.69	395	273	11.8	7.74	43	YES	70	439372.4 29.93
13	0.77	293	226	12.1	7.74	42	YES	90	418380 28.5
14	0.74	313	232	12.2	7.71	42	YES	90	447152.8 30.46
15	0.75	360	270	12.1	7.71	42	YES	75	428362.4 29.18
16	0.73	398	291	12.3	7.77	42	YES	70	442308.4 30.13
17	0.67	265	177	11.9	7.81	44	YES	90	378450.4 25.78
18	0.75	320	240	10.9	7.85	48	YES	80	405902 27.65
19	0.74	335	248	12.2	7.74	42	YES	80	424986 28.95
20	0.79	372	294	12.5	7.93	44	YES	75	442455.2 30.14
21	0.76	308	234	12.4	8.08	47	YES	80	391662.4 26.68
22	0.76	296	225	13.0	7.60	38	YES	85	400030 27.25
23	0.78	366	285	11.7	7.87	46	YES	75	435702.4 29.68
24	0.6	395	237	13.7	7.66	36	YES	70	438785.2 29.89
25	0.75	220	165	13.8	7.67	37	YES	125	435996 29.7
26	0.72	318	229	13.3	7.71	38	YES	80	404140.4 27.53
27	0.63	394	248	11.9	7.70	42	YES	70	437904.4 29.83
28	0.6	380	228	12.2	7.74	41	YES	70	422343.6 28.77
29	0.87	390	339	12.1	7.72	43	YES	70	433353.6 29.52
30	0.78	351	274	11.8	7.72	43	YES	75	418380 28.5
31		#DIV/0!							0

<sup>3</sup> If Cl<sub>2</sub> 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