

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**
 Month/Year: **May-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 ¹ [NTU]
1	0.03	OFF	OFF	0.04	0.04	OFF	0.05
2	OFF	OFF	OFF	OFF	0.04	0.04	0.08
3	0.04	0.04	0.04	0.04	0.04	0.04	0.04
4	OFF	OFF	OFF	0.05	OFF	OFF	0.09
5	OFF	OFF	OFF	OFF	OFF	0.06	0.08
6	0.05	0.04	0.04	0.04	0.04	0.04	0.05
7	0.04	OFF	OFF	OFF	0.04	0.04	0.10
8	0.03	0.04	OFF	OFF	OFF	OFF	0.05
9	0.03	0.03	0.03	OFF	OFF	OFF	0.05
10	0.04	0.04	0.04	0.04	0.05	0.05	0.06
11	0.06	0.06	OFF	0.07	0.05	0.04	0.08
12	OFF	OFF	OFF	OFF	0.04	0.05	0.05
13	0.05	OFF	OFF	0.05	0.04	0.04	0.06
14	OFF	OFF	OFF	0.05	0.04	0.04	0.09
15	0.03	0.03	OFF	0.03	OFF	OFF	0.04
16	OFF	OFF	OFF	OFF	0.03	0.04	0.04
17	0.03	0.03	0.03	0.03	0.04	0.03	0.04
18	0.03	OFF	OFF	0.04	0.04	0.03	0.04
19	0.03	OFF	OFF	OFF	0.04	0.03	0.05
20	0.03	0.03	0.03	0.03	0.03	0.03	0.03
21	OFF	OFF	OFF	OFF	0.03	0.03	0.04
22	0.03	OFF	OFF	0.03	OFF	OFF	0.03
23	OFF	0.04	0.03	OFF	0.04	0.03	0.05
24	0.03	0.03	0.03	0.03	0.03	0.03	0.03
25	0.03	0.03	0.03	OFF	OFF	OFF	0.04
26	0.03	0.03	0.03	0.03	0.04	0.03	0.04
27	OFF	OFF	OFF	0.03	0.03	0.03	0.04
28	0.03	0.03	0.03	OFF	0.03	0.03	0.06
29	0.03	0.03	0.03	0.03	0.04	0.04	0.04
30	0.03	0.03	0.03	0.04	0.05	0.04	0.05
31	OFF	OFF	OFF	0.04	0.04	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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes		Yes	Yes
All turbidity readings < IFE ² triggers	Yes			

Notes:	PRINTED NAME: Dave Terrusa	
	SIGNATURE: /S/ Dave Terrusa	DATE: 6/4/24
	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:	May-24	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	0.64	370	237	11.9	7.67	41	YES	75	440693.6 30.02
2	0.74	346	256	11.8	7.6	41	YES	70	384469.2 26.19
3	0.95	347	330	12.5	7.7	42	YES	75	413388.8 28.16
4	0.86	356	306	11.7	7.81	45	YES	75	424105.2 28.89
5	0.74	287	212	12.7	7.68	40	YES	80	364504.4 24.83
6	0.79	482	381	10.3	7.63	46	YES	50	382560.8 26.06
7	0.65	344	224	11.6	7.53	40	YES	75	409572 27.9
8	0.82	105	86	11.5	7.63	43	YES	250	418380 28.5
9	0.66	238	157	11.7	7.57	41	YES	100	377422.8 25.71
10	0.75	302	226	13.0	7.62	38	YES	80	383001.2 26.09
11	0.73	329	240	14.3	7.81	37	YES	85	443776.4 30.23
12	0.72	297	214	15.2	7.73	34	YES	90	424105.2 28.89
13	0.71	345	245	15.1	7.75	35	YES	80	438491.6 29.87
14	0.52	303	158	15.3	7.72	33	YES	85	409131.6 27.87
15	0.77	339	261	14.9	7.61	33	YES	80	430417.6 29.32
16	0.63	203	128	15.6	7.97	36	YES	120	386671.2 26.34
17	0.87	304	264	14.8	7.63	34	YES	85	410012.4 27.93
18	0.77	303	234	16.3	7.65	31	YES	90	433353.6 29.52
19	0.71	262	186	15.7	7.63	32	YES	95	394745.2 26.89
20	0.78	228	177	14.0	7.53	35	YES	115	415297.2 28.29
21	0.86	283	243	14.9	7.53	33	YES	95	426454 29.05
22	0.9	335	302	15.1	7.57	33	YES	80	425426.4 28.98
23	0.79	249	197	13.9	7.74	38	YES	100	395038.8 26.91
24	0.98	186	183	14.3	7.72	37	YES	140	414122.8 28.21
25	0.89	220	195	14.5	7.56	34	YES	120	418380 28.5
26	0.88	217	191	13.7	7.56	36	YES	125	431004.8 29.36
27	0.83	199	166	14.8	7.51	33	YES	130	411627.2 28.04
28	0.75	188	141	15.5	7.54	31	YES	135	403846.8 27.51
29	0.79	174	137	15.1	7.49	32	YES	150	413535.6 28.17
30	0.68	207	141	15.1	7.50	31	YES	130	427334.8 29.11
31	0.66	264	174	16.6	7.50	28	YES	100	418820.4 28.53

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