

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**
 Month/Year: **Jun-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	OFF	OFF	0.04	0.04	0.04	0.04	0.04
2	OFF	OFF	OFF	0.05	0.05	0.05	0.07
3	0.05	0.05	OFF	OFF	OFF	OFF	0.05
4	OFF	0.04	OFF	OFF	0.05	0.05	0.09
5	0.04	0.04	OFF	0.04	OFF	0.04	0.06
6	0.04	0.04	OFF	0.04	0.05	OFF	0.05
7	OFF	OFF	0.04	0.04	0.04	0.05	0.06
8	0.05	0.04	OFF	0.04	0.04	OFF	0.05
9	OFF	OFF	0.04	0.04	0.04	0.04	0.08
10	OFF	OFF	OFF	OFF	0.04	0.04	0.05
11	0.04	OFF	OFF	0.04	0.04	0.04	0.06
12	OFF	OFF	OFF	OFF	0.04	0.04	0.07
13	0.04	0.04	0.04	0.04	0.04	OFF	0.04
14	OFF	OFF	OFF	0.04	0.04	0.04	0.04
15	0.04	OFF	OFF	0.04	0.04	OFF	0.07
16	OFF	OFF	0.04	0.04	0.04	0.04	0.08
17	OFF	OFF	OFF	0.05	0.04	0.04	0.09
18	0.04	0.04	0.04	0.04	0.04	0.04	0.06
19	0.04	OFF	OFF	OFF	0.04	0.04	0.06
20	0.04	0.04	0.04	0.04	0.04	0.04	0.04
21	0.04	OFF	OFF	0.04	0.04	0.04	0.05
22	0.04	OFF	OFF	0.04	0.04	0.04	0.06
23	0.04	0.04	0.04	OFF	0.05	0.05	0.07
24	0.05	0.05	0.05	0.05	0.05	0.04	0.07
25	0.04	OFF	OFF	0.05	0.05	0.04	0.06
26	0.04	0.04	OFF	0.05	0.05	OFF	0.08
27	OFF	OFF	0.04	OFF	OFF	0.05	0.08
28	0.05	0.06	0.06	OFF	0.05	0.05	0.06
29	0.05	0.05	0.05	0.05	0.05	0.05	0.07
30	0.05	OFF	OFF	0.06	0.05	0.05	0.07
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: 7/4/2024
	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:	Jun-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	0.66	293	193	17.2	7.56	28	YES	90	418820.4 28.53
2	0.64	256	164	17.2	7.6	28	YES	95	386084 26.3
3	0.84	332	279	15.8	7.7	33	YES	80	421609.6 28.72
4	0.57	184	105	16.6	7.54	28	YES	140	409718.8 27.91
5	0.89	176	156	15.7	7.52	31	YES	150	418380 28.5
6	0.87	238	207	16.8	7.49	29	YES	115	434968.4 29.63
7	0.64	205	131	17.1	7.56	28	YES	120	390488 26.6
8	0.47	234	110	17.3	7.68	28	YES	110	408691.2 27.84
9	0.59	203	120	17.6	7.56	27	YES	130	418380 28.5
10	0.86	177	153	19.2	7.57	25	YES	150	422343.6 28.77
11	0.8	223	179	19.4	7.58	25	YES	125	443189.2 30.19
12	0.72	160	115	18.8	7.58	25	YES	150	380358.8 25.91
13	0.72	214	154	17.1	7.67	29	YES	120	408104 27.8
14	0.75	235	177	16.4	7.66	31	YES	110	411040 28
15	0.69	259	179	18.0	7.63	27	YES	105	431592 29.4
16	0.64	264	169	16.4	7.63	30	YES	100	418380 28.5
17	0.66	186	123	15.2	7.82	35	YES	125	368761.6 25.12
18	0.62	175	109	16.3	7.70	31	YES	145	403406.4 27.48
19	0.63	123	77	17.8	7.62	27	YES	185	360687.6 24.57
20	0.83	186	154	17.7	7.56	27	YES	130	383441.6 26.12
21	0.74	184	136	18.3	7.56	26	YES	150	438198 29.85
22	0.72	148	107	19.3	7.68	25	YES	170	399589.6 27.22
23	0.72	158	113	19.2	7.73	26	YES	165	412508 28.1
24	0.72	209	151	18.2	7.56	26	YES	130	432179.2 29.44
25	0.72	148	106	19.4	7.57	24	YES	180	422343.6 28.77
26	0.74	226	167	20.1	7.60	23	YES	120	429683.6 29.27
27	0.68	199	135	18.4	7.60	26	YES	115	363036.4 24.73
28	0.77	146	113	19.4	7.62	25	YES	165	383001.2 26.09
29	0.89	159	141	20.0	7.62	24	YES	170	428656 29.2
30	0.79	142	112	20.5	7.61	23	YES	180	404874.4 27.58
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