

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**
 Month/Year: **Jul-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	0.04	0.04	OFF	0.05	0.05	0.05	0.09
2	0.04	0.04	0.05	OFF	0.05	0.05	0.07
3	0.05	0.05	0.05	0.05	0.05	0.05	0.06
4	0.05	0.05	OFF	0.05	0.05	0.04	0.06
5	0.05	0.05	0.05	0.05	0.05	0.05	0.05
6	OFF	OFF	0.04	0.06	0.06	0.06	0.12
7	0.05	0.05	0.05	0.06	0.06	0.05	0.05
8	0.05	OFF	OFF	OFF	0.07	0.07	0.08
9	0.06	OFF	OFF	0.06	OFF	OFF	0.12
10	0.06	OFF	0.06	OFF	OFF	0.06	0.11
11	0.07	OFF	OFF	0.07	OFF	0.07	0.07
12	0.06	OFF	OFF	0.06	0.06	OFF	0.06
13	OFF	OFF	0.05	0.06	0.06	OFF	0.06
14	0.05	OFF	OFF	0.05	0.05	0.05	0.05
15	OFF	OFF	0.05	0.05	OFF	0.07	0.07
16	0.07	OFF	OFF	0.07	0.07	OFF	0.08
17	OFF	OFF	0.06	OFF	OFF	0.07	0.08
18	0.06	OFF	OFF	0.06	OFF	OFF	0.10
19	0.06	OFF	OFF	0.06	OFF	OFF	0.10
20	0.05	OFF	OFF	0.06	0.05	OFF	0.07
21	OFF	OFF	OFF	0.05	0.05	OFF	0.06
22	OFF	OFF	0.05	OFF	0.07	0.06	0.07
23	OFF	OFF	OFF	0.06	0.06	OFF	0.06
24	OFF	OFF	0.06	0.06	OFF	OFF	0.10
25	0.06	OFF	OFF	0.06	0.06	OFF	0.07
26	OFF	OFF	0.05	0.05	0.05	OFF	0.06
27	OFF	OFF	0.05	0.05	0.05	OFF	0.06
28	OFF	OFF	0.05	OFF	0.06	0.06	0.07
29	0.05	0.05	OFF	0.06	OFF	OFF	0.10
30	0.05	OFF	OFF	0.05	0.05	0.05	0.06
31	OFF	OFF	OFF	0.05	0.05	0.05	0.06

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 Aug 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:	Jul-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	0.87	130	113	21.0	7.57	22	YES	200	411920.8 28.06
2	0.73	105	77	20.8	7.6	23	YES	225	375074 25.55
3	0.76	118	90	20.3	7.7	24	YES	200	375954.8 25.61
4	0.64	86	55	21.1	7.62	22	YES	250	341456.8 23.26
5	0.73	68	50	21.4	7.44	20	YES	280	302995.2 20.64
6	0.53	66	35	22.5	7.44	18	YES	250	262184.8 17.86
7	0.8	80	64	22.6	7.53	19	YES	225	285966.4 19.48
8	0.6	119	72	23.1	7.47	18	YES	205	388286 26.45
9	0.59	132	78	23.7	7.52	18	YES	200	418380 28.5
10	0.64	170	109	23.5	7.50	18	YES	155	418380 28.5
11	0.72	182	131	23.0	7.57	19	YES	145	418380 28.5
12	0.62	176	109	22.9	7.72	20	YES	150	418380 28.5
13	0.77	188	145	21.5	7.81	23	YES	140	418380 28.5
14	0.67	139	93	22.2	7.71	21	YES	190	418380 28.5
15	0.66	143	94	21.6	7.65	21	YES	180	407223.2 27.74
16	0.68	167	113	22.4	7.62	20	YES	160	423518 28.85
17	0.74	182	135	20.7	7.57	22	YES	145	418380 28.5
18	0.75	155	116	21.4	7.57	21	YES	170	418380 28.5
19	0.73	176	128	25.6	7.75	17	YES	150	418380 28.5
20	0.75	165	124	21.7	7.61	21	YES	160	418380 28.5
21	0.75	167	125	22.3	7.63	20	YES	150	397974.8 27.11
22	0.76	165	125	19.8	7.60	24	YES	160	417939.6 28.47
23	0.79	175	138	20.4	7.60	23	YES	150	416324.8 28.36
24	0.76	188	143	19.2	7.58	25	YES	140	418380 28.5
25	0.75	192	144	20.2	7.60	23	YES	140	425573.2 28.99
26	0.8	176	141	19.7	7.56	24	YES	150	418380 28.5
27	0.77	155	119	19.5	7.56	24	YES	170	418380 28.5
28	0.76	163	124	20.0	7.55	23	YES	150	388286 26.45
29	0.79	176	139	20.5	7.56	23	YES	150	418380 28.5
30	0.79	169	133	20.6	7.76	24	YES	160	428509.2 29.19
31	0.78	152	118	20.8	7.51	22	YES	175	421316 28.7

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