

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**
 Month/Year: **Aug-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	0.05	0.05	0.05	0.05	0.06
2	OFF	OFF	OFF	OFF	0.06	0.05	0.06
3	0.05	0.05	OFF	OFF	0.05	0.05	0.05
4	0.05	OFF	OFF	0.05	0.05	0.05	0.05
5	OFF	OFF	OFF	0.05	0.05	0.05	0.06
6	OFF	OFF	OFF	0.05	0.05	0.05	0.06
7	OFF	OFF	OFF	0.06	0.05	0.05	0.06
8	0.05	0.05	0.05	0.05	OFF	0.05	0.08
9	0.05	OFF	OFF	0.05	0.05	0.05	0.06
10	0.04	OFF	OFF	0.05	0.05	0.05	0.06
11	0.04	OFF	OFF	OFF	0.05	0.05	0.06
12	0.04	0.04	0.04	OFF	0.05	0.05	0.07
13	0.05	OFF	OFF	0.05	0.05	0.05	0.05
14	OFF	OFF	OFF	0.05	0.05	0.05	0.06
15	OFF	OFF	OFF	0.05	0.05	0.05	0.06
16	OFF	OFF	OFF	0.05	0.05	0.05	0.06
17	0.04	OFF	OFF	0.05	0.05	OFF	0.06
18	OFF	OFF	OFF	0.05	0.06	0.05	0.06
19	0.05	OFF	OFF	0.05	0.06	OFF	0.06
20	OFF	OFF	OFF	0.05	0.05	OFF	0.07
21	OFF	OFF	0.05	0.05	0.05	OFF	0.06
22	OFF	OFF	0.07	0.05	0.05	OFF	0.07
23	OFF	OFF	0.05	OFF	0.05	OFF	0.06
24	OFF	OFF	OFF	0.06	OFF	OFF	0.20
25	OFF	OFF	OFF	OFF	0.05	0.05	0.08
26	0.05	OFF	OFF	0.05	OFF	OFF	0.08
27	0.04	OFF	OFF	0.04	OFF	OFF	0.06
28	0.04	0.05	OFF	OFF	OFF	OFF	0.07
29	0.05	0.05	0.05	0.05	0.06	0.06	0.06
30	0.06	OFF	OFF	0.06	0.06	0.06	0.09
31	0.06	OFF	OFF	0.06	0.06	0.05	0.08

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: 9/7/24
	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:	Aug-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	0.78	165	128	21.3	7.53	21	YES	160	418380 28.5
2	0.71	149	106	21.9	7.5	20	YES	160	377863.2 25.74
3	0.75	214	160	22.7	7.6	20	YES	120	406782.8 27.71
4	0.74	203	150	21.4	7.62	22	YES	130	418380 28.5
5	0.77	180	138	20.0	7.52	23	YES	150	427481.6 29.12
6	0.72	178	128	20.6	7.52	22	YES	150	423224.4 28.83
7	0.75	129	97	20.1	7.50	23	YES	175	358632.4 24.43
8	0.68	149	101	20.0	7.50	23	YES	170	402085.2 27.39
9	0.74	149	111	20.1	7.51	23	YES	175	414856.8 28.26
10	0.61	132	80	20.5	7.57	22	YES	200	418380 28.5
11	0.64	161	103	21.3	7.52	21	YES	150	383735.2 26.14
12	0.58	147	85	21.0	7.53	21	YES	175	408104 27.8
13	0.72	145	105	20.4	7.51	22	YES	190	437904.4 29.83
14	0.68	176	119	19.9	7.54	23	YES	150	418086.4 28.48
15	0.66	176	116	20.5	7.67	23	YES	150	418380 28.5
16	0.7	120	84	20.5	7.52	22	YES	220	418380 28.5
17	0.75	271	203	20.9	7.54	22	YES	100	429390 29.25
18	0.68	236	160	19.8	7.50	23	YES	110	411920.8 28.06
19	0.8	194	155	19.5	7.53	24	YES	140	431885.6 29.42
20	0.84	242	203	19.3	7.50	24	YES	110	422196.8 28.76
21	0.84	220	185	18.8	7.51	25	YES	120	418380 28.5
22	0.82	329	270	19.5	7.87	27	YES	80	418380 28.5
23	0.8	308	246	19.3	7.61	25	YES	85	415150.4 28.28
24	0.8	308	246	18.1	7.57	27	YES	85	415444 28.3
25	0.6	229	137	17.7	7.44	26	YES	100	363183.2 24.74
26	0.64	240	153	18.6	7.37	24	YES	110	418380 28.5
27	0.67	176	118	19.0	7.41	23	YES	150	418380 28.5
28	0.45	158	71	18.7	7.35	23	YES	140	351292.4 23.93
29	0.61	171	104	17.9	7.35	24	YES	135	367000 25
30	0.69	224	155	18.2	7.47	25	YES	120	427188 29.1
31	0.63	220	138	19.0	7.50	24	YES	120	418380 28.5

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