

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**
 Month/Year: **Sep-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	0.05	OFF	OFF	0.06	0.05	0.05	0.09
2	0.05	OFF	OFF	OFF	0.07	0.07	0.07
3	0.06	0.06	0.07	OFF	OFF	0.06	0.09
4	0.06	0.06	OFF	0.06	0.06	OFF	0.07
5	OFF	0.05	0.05	0.06	0.06	0.05	0.07
6	0.05	OFF	OFF	0.05	0.06	0.05	0.09
7	OFF	OFF	OFF	0.05	0.05	0.05	0.08
8	0.05	OFF	OFF	0.05	0.05	0.05	0.07
9	0.05	OFF	OFF	OFF	0.06	0.06	0.07
10	0.05	0.05	0.05	0.06	0.05	OFF	0.06
11	OFF	OFF	0.05	0.06	0.05	0.05	0.06
12	OFF	OFF	OFF	0.05	0.05	OFF	0.08
13	0.05	OFF	OFF	0.05	0.05	OFF	0.08
14	OFF	OFF	0.05	0.05	0.05	0.05	0.07
15	OFF	OFF	OFF	0.05	OFF	0.05	0.08
16	0.05	0.05	0.06	OFF	OFF	0.06	0.08
17	0.05	0.05	OFF	0.05	OFF	OFF	0.07
18	OFF	OFF	OFF	0.05	0.05	0.05	0.08
19	0.05	OFF	OFF	0.05	0.05	OFF	0.09
20	OFF	OFF	0.05	0.05	0.05	0.05	0.08
21	OFF	OFF	OFF	OFF	0.05	0.05	0.07
22	0.05	0.05	0.05	OFF	OFF	0.05	0.07
23	0.05	0.05	0.05	OFF	0.08	0.05	0.08
24	0.05	OFF	OFF	0.05	0.05	OFF	0.09
25	OFF	OFF	OFF	0.05	0.05	0.05	0.08
26	0.05	0.05	0.05	OFF	0.06	0.05	0.07
27	OFF	OFF	OFF	0.05	0.05	0.05	0.08
28	OFF	OFF	OFF	OFF	0.05	0.05	0.07
29	0.05	0.05	OFF	0.05	0.05	0.05	0.07
30	OFF	OFF	0.08	0.05	0.05	0.05	0.08
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: 10/7/24
	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:	Sep-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	0.74	266	197	19.3	7.58	25	YES	100	422637.2 28.79
2	0.73	213	155	19.2	7.6	25	YES	160	540664.4 36.83
3	0.7	188	132	19.4	7.6	25	YES	140	417646 28.45
4	0.79	191	151	18.9	7.63	26	YES	140	423518 28.85
5	0.76	176	134	19.2	7.60	25	YES	150	418380 28.5
6	0.52	198	103	19.8	7.67	24	YES	140	439225.6 29.92
7	0.76	229	174	20.4	7.60	23	YES	115	418380 28.5
8	0.76	203	154	20.6	7.62	23	YES	130	418380 28.5
9	0.69	219	151	20.7	7.60	22	YES	110	382120.4 26.03
10	0.64	198	126	20.7	7.64	23	YES	130	407810.4 27.78
11	0.74	264	195	19.9	7.57	24	YES	100	418380 28.5
12	0.53	282	149	19.6	7.61	24	YES	95	425279.6 28.97
13	0.69	304	210	19.4	7.61	25	YES	90	434821.6 29.62
14	0.69	264	182	19.1	7.63	25	YES	100	418380 28.5
15	0.75	271	203	19.1	7.67	26	YES	90	386671.2 26.34
16	0.85	277	235	19.0	7.61	26	YES	95	417352.4 28.43
17	0.69	267	184	18.4	7.61	26	YES	100	423664.8 28.86
18	0.79	253	200	18.7	7.61	26	YES	100	401351.2 27.34
19	0.76	227	173	18.5	7.55	26	YES	120	432619.6 29.47
20	0.69	203	140	18.3	7.58	26	YES	130	418380 28.5
21	0.71	240	171	18.0	7.56	27	YES	100	381239.6 25.97
22	0.89	179	159	17.6	7.59	28	YES	145	411774 28.05
23	0.89	224	199	16.6	7.54	30	YES	120	425720 29
24	0.8	159	127	17.0	7.52	28	YES	165	416912 28.4
25	0.79	187	148	17.9	7.57	27	YES	125	370523.2 25.24
26	0.73	222	162	18.1	7.53	26	YES	120	422343.6 28.77
27	0.51	160	82	17.6	7.49	26	YES	170	431738.8 29.41
28	0.58	215	124	17.5	7.52	27	YES	120	408691.2 27.84
29	0.53	231	122	17.9	7.47	25	YES	120	439959.6 29.97
30	0.52	220	114	16.7	7.51	28	YES	120	418380 28.5
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