

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**  
 Month/Year: **Oct-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 <sup>1</sup> [NTU]
1	OFF	OFF	OFF	0.05	0.05	0.05	0.09
2	OFF	OFF	OFF	OFF	0.05	0.05	0.09
3	0.05	0.05	OFF	0.05	OFF	OFF	0.06
4	OFF	0.05	0.04	0.05	OFF	OFF	0.08
5	OFF	OFF	0.04	0.04	OFF	OFF	0.07
6	OFF	OFF	0.04	0.04	0.04	0.04	0.07
7	OFF	OFF	OFF	0.04	0.05	0.04	0.06
8	OFF	OFF	OFF	OFF	0.05	0.05	0.06
9	0.05	0.04	OFF	OFF	0.04	OFF	0.06
10	OFF	OFF	OFF	0.04	0.05	0.05	0.06
11	OFF	OFF	OFF	0.04	0.05	OFF	0.06
12	OFF	OFF	OFF	0.05	0.05	0.05	0.07
13	OFF	OFF	OFF	0.05	0.05	0.05	0.06
14	OFF	OFF	OFF	0.06	0.05	0.05	0.06
15	0.05	OFF	0.06	0.05	OFF	OFF	0.07
16	OFF	OFF	0.05	0.05	OFF	OFF	0.08
17	OFF	OFF	0.06	0.05	0.05	OFF	0.07
18	OFF	OFF	OFF	0.05	0.05	OFF	0.07
19	OFF	OFF	0.05	0.05	OFF	OFF	0.07
20	OFF	OFF	OFF	0.04	0.04	OFF	0.04
21	OFF	OFF	OFF	0.04	0.05	0.05	0.07
22	OFF	OFF	OFF	OFF	0.05	0.05	0.08
23	0.05	OFF	OFF	0.05	OFF	OFF	0.06
24	OFF	OFF	0.05	0.05	0.04	OFF	0.07
25	OFF	OFF	OFF	0.04	0.04	OFF	0.08
26	OFF	OFF	0.06	0.04	OFF	OFF	0.07
27	OFF	OFF	OFF	OFF	0.04	0.05	0.06
28	0.05	OFF	OFF	0.05	OFF	OFF	0.10
29	OFF	OFF	0.06	OFF	OFF	0.04	0.10
30	0.04	0.04	0.04	0.04	OFF	OFF	0.04
31	OFF	OFF	0.04	0.06	0.07	0.07	0.10

Conventional or Direct Filtration			Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<b>Yes</b>		CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<b>Yes</b>		<b>Yes</b>	<b>Yes</b>
All turbidity readings < IFE <sup>2</sup> triggers	<b>Yes</b>			

<b>Notes:</b>	<b>PRINTED NAME: Dave Terrusa</b>	
	<b>SIGNATURE: /S/ Dave Terrusa</b>	<b>DATE: 11/09/24</b>
	<b>PHONE #: ( 541 ) 253-7556</b>	<b>CERT #: 6930</b>

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 2400 through 2000 may not correspond to continuous readings' maximum. <sup>2</sup> 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:	Oct-24	Disinfection <i>Giardia</i> Log Inactive:	1
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	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	0.77	225	174	15.7	7.59	32	YES	120	429243.2 29.24
2	0.58	208	121	15.3	7.6	31	YES	120	395919.6 26.97
3	0.94	222	209	15.2	7.6	33	YES	120	422930.8 28.81
4	0.88	220	193	14.9	7.58	34	YES	120	418380 28.5
5	0.89	220	195	15.2	7.72	35	YES	120	418380 28.5
6	0.88	220	193	15.2	7.57	33	YES	120	418380 28.5
7	0.8	224	179	15.5	7.50	31	YES	120	426894.4 29.08
8	0.74	203	150	15.6	7.52	31	YES	120	386818 26.35
9	0.6	227	136	15.8	7.67	32	YES	120	433206.8 29.51
10	0.85	224	191	15.9	7.50	30	YES	120	426894.4 29.08
11	0.85	225	191	15.6	7.50	31	YES	120	428215.6 29.17
12	0.76	220	167	16.2	7.57	30	YES	120	418380 28.5
13	0.69	220	152	16.2	7.58	30	YES	120	419260.8 28.56
14	0.65	214	139	15.9	7.57	30	YES	120	407223.2 27.74
15	0.82	226	185	16.3	7.54	30	YES	120	430124 29.3
16	0.81	220	178	16.4	7.57	30	YES	120	418380 28.5
17	0.82	222	182	16.7	7.55	29	YES	120	422637.2 28.79
18	0.81	223	180	15.7	7.60	32	YES	120	424252 28.9
19	0.75	228	171	14.4	7.66	35	YES	120	435115.2 29.64
20	0.95	232	221	14.7	7.57	34	YES	120	442455.2 30.14
21	0.76	220	167	15.0	7.65	34	YES	120	419554.4 28.58
22	0.75	212	159	14.9	7.52	32	YES	120	403846.8 27.51
23	0.72	225	162	15.0	7.54	32	YES	120	428068.8 29.16
24	0.7	220	154	14.0	7.58	35	YES	120	418380 28.5
25	0.75	273	205	13.6	7.52	35	YES	100	433647.2 29.54
26	0.76	273	207	12.1	7.71	42	YES	100	433060 29.5
27	0.7	255	179	14.0	7.61	35	YES	100	405314.8 27.61
28	0.67	274	184	13.8	7.53	35	YES	100	435408.8 29.66
29	0.63	253	159	13.6	7.54	35	YES	100	401351.2 27.34
30	1.05	265	278	12.8	7.22	34	YES	100	420728.8 28.66
31	0.69	252	174	12.3	7.22	35	YES	100	399296 27.2

<sup>3</sup> If Cl<sub>2</sub> 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