

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**
 Month/Year: **Nov-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	0.05	0.05	0.06	OFF	OFF	0.06
2	OFF	OFF	OFF	0.06	0.06	0.06	0.06
3	0.06	0.06	OFF	0.06	OFF	OFF	0.06
4	OFF	OFF	0.06	0.05	0.05	0.05	0.06
5	OFF	OFF	OFF	0.05	OFF	OFF	0.08
6	OFF	OFF	OFF	0.05	0.05	0.04	0.06
7	0.04	0.04	0.04	0.06	0.04	0.04	0.07
8	0.04	OFF	OFF	0.04	0.04	OFF	0.05
9	OFF	OFF	OFF	0.05	0.04	0.04	0.05
10	0.04	OFF	OFF	0.04	0.04	0.06	0.08
11	OFF	OFF	OFF	0.05	0.05	0.07	0.07
12	0.07	OFF	OFF	OFF	OFF	OFF	0.08
13	0.06	OFF	OFF	OFF	OFF	OFF	0.10
14	0.06	0.05	0.05	0.05	0.05	0.05	0.06
15	0.05	0.05	0.04	0.05	0.05	OFF	0.05
16	OFF	OFF	OFF	0.04	0.04	0.04	0.06
17	0.04	OFF	OFF	OFF	0.04	0.04	0.06
18	0.04	0.05	0.05	0.05	OFF	OFF	0.06
19	OFF	OFF	0.05	0.04	0.04	OFF	0.08
20	OFF	OFF	OFF	0.04	0.05	0.05	0.05
21	0.05	0.05	OFF	0.05	OFF	OFF	0.05
22	OFF	OFF	OFF	OFF	OFF	OFF	0.10
23	OFF	OFF	OFF	OFF	0.05	0.05	0.08
24	0.04	0.04	0.04	0.04	0.04	0.04	0.04
25	0.04	0.04	OFF	OFF	OFF	0.05	0.07
26	0.05	0.05	OFF	OFF	0.04	0.05	0.07
27	OFF	OFF	OFF	0.04	0.04	0.04	0.07
28	OFF	OFF	OFF	0.04	0.04	0.04	0.05
29	OFF	OFF	OFF	0.04	0.04	0.04	0.06
30	OFF	OFF	OFF	0.04	0.04	0.04	0.05
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)	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: 12/8/24
	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:	Nov-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	0.73	269	197	12.3	7.37	37	YES	100	427334.8 29.11
2	0.59	254	150	12.9	7.4	34	YES	100	403112.8 27.46
3	0.71	272	193	12.8	7.5	37	YES	100	432032.4 29.43
4	0.68	264	179	13.4	7.51	35	YES	100	418380 28.5
5	0.79	256	202	13.1	7.54	37	YES	100	406782.8 27.71
6	0.88	241	212	13.6	7.54	36	YES	100	382707.6 26.07
7	0.85	261	222	11.5	7.60	42	YES	100	414122.8 28.21
8	0.85	280	238	11.8	7.62	42	YES	100	444216.8 30.26
9	0.88	264	232	12.7	7.64	40	YES	100	418380 28.5
10	0.9	279	251	12.3	7.72	42	YES	100	442308.4 30.13
11	0.75	268	201	13.3	7.73	39	YES	100	425279.6 28.97
12	0.55	234	129	12.5	7.77	41	YES	100	371404 25.3
13	0.61	237	144	12.2	7.73	41	YES	90	337933.6 23.02
14	0.86	266	228	12.0	7.51	40	YES	80	337199.6 22.97
15	0.84	328	276	11.0	7.63	44	YES	80	417058.8 28.41
16	0.74	329	244	13.0	7.66	39	YES	80	418380 28.5
17	0.8	311	249	12.0	7.77	43	YES	80	395185.6 26.92
18	0.88	297	261	11.0	7.48	42	YES	90	423811.6 28.87
19	0.72	293	211	11.6	7.46	40	YES	90	418380 28.5
20	0.74	278	206	10.8	7.49	42	YES	90	396947.2 27.04
21	0.75	294	221	12.4	7.50	38	YES	90	420141.6 28.62
22	0.8	223	178	12.5	7.65	40	YES	100	353934.8 24.11
23	0.51	249	127	12.9	7.53	36	YES	80	315913.6 21.52
24	1.1	246	271	11.2	7.47	42	YES	90	351586 23.95
25	0.83	321	266	11.5	7.28	38	YES	80	407076.4 27.73
26	0.8	340	272	10.9	7.51	42	YES	80	432326 29.45
27	0.76	277	211	11.3	7.54	42	YES	100	439812.8 29.96
28	0.75	300	225	11.1	7.59	43	YES	90	428656 29.2
29	0.88	346	304	10.8	7.47	43	YES	80	439225.6 29.92
30	0.85	340	289	10.6	7.54	44	YES	80	431592 29.4
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
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