

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**
 Month/Year: **Dec-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	OFF	0.04	0.04	0.04	0.05
2	OFF	OFF	OFF	0.04	0.04	0.04	0.05
3	OFF	OFF	OFF	0.04	0.04	0.04	0.05
4	0.04	0.04	0.04	OFF	OFF	OFF	0.04
5	0.04	0.04	0.04	0.04	OFF	OFF	0.08
6	OFF	OFF	OFF	0.04	0.04	0.04	0.05
7	0.04	OFF	OFF	OFF	0.04	0.04	0.05
8	OFF	OFF	OFF	OFF	OFF	0.04	0.10
9	0.04	0.04	0.04	OFF	0.04	0.05	0.05
10	0.04	OFF	OFF	OFF	0.04	0.05	0.10
11	0.06	OFF	OFF	0.05	0.04	OFF	0.08
12	OFF	OFF	OFF	0.05	0.06	0.10	0.10
13	OFF	OFF	OFF	0.07	0.07	0.06	0.09
14	OFF	OFF	OFF	0.07	OFF	0.05	0.10
15	0.05	0.04	OFF	0.05	0.04	OFF	0.05
16	OFF	OFF	OFF	OFF	0.04	0.04	0.07
17	0.04	0.04	0.04	0.04	OFF	OFF	0.05
18	OFF	OFF	0.05	0.04	0.04	0.04	0.10
19	OFF	OFF	OFF	OFF	OFF	OFF	0.07
20	0.05	0.05	0.05	0.05	0.05	0.04	0.05
21	OFF	OFF	OFF	OFF	OFF	OFF	0.05
22	OFF	OFF	OFF	0.05	0.04	0.05	0.07
23	0.07	0.12	OFF	OFF	0.05	0.04	0.14
24	0.04	0.04	0.05	OFF	OFF	OFF	0.05
25	OFF	0.04	0.04	0.04	0.04	OFF	0.05
26	OFF	OFF	OFF	OFF	0.05	OFF	0.06
27	OFF	OFF	OFF	0.07	OFF	OFF	0.08
28	OFF	OFF	OFF	0.08	0.06	0.05	0.09
29	0.06	0.05	OFF	OFF	OFF	OFF	0.10
30	OFF	OFF	OFF	0.07	0.05	0.04	0.09
31	0.04	0.04	0.04	0.04	OFF	OFF	0.10

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: 4 Jan 2024
	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:	Dec-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	0.8	335	268	9.6	7.47	46	YES	80	425866.8 29.01
2	0.8	345	276	9.7	7.8	51	YES	80	438491.6 29.87
3	0.76	314	239	9.7	7.6	47	YES	80	399296 27.2
4	0.9	329	297	8.7	7.71	53	YES	80	418380 28.5
5	0.92	338	311	10.0	7.69	49	YES	80	428656 29.2
6	0.9	323	291	10.3	7.67	47	YES	80	410452.8 27.96
7	0.9	345	310	11.0	7.40	41	YES	80	437757.6 29.82
8	0.92	322	296	12.3	7.74	43	YES	80	408984.8 27.86
9	1.04	331	344	9.5	7.96	56	YES	80	419994.8 28.61
10	1	335	335	8.4	7.90	59	YES	80	425573.2 28.99
11	0.95	349	332	8.7	7.89	57	YES	80	443482.8 30.21
12	0.97	334	324	9.4	7.84	54	YES	80	423518 28.85
13	0.97	335	325	10.2	7.91	52	YES	80	425132.8 28.96
14	0.92	331	305	10.5	7.89	51	YES	80	420582 28.65
15	1.22	343	419	10.7	7.65	47	YES	80	435996 29.7
16	0.94	298	280	10.7	7.41	42	YES	80	378303.6 25.77
17	1.08	328	354	11.5	7.45	41	YES	80	416178 28.35
18	1.08	329	356	12.7	7.42	37	YES	80	418380 28.5
19	1.03	247	255	12.3	7.43	39	YES	90	353054 24.05
20	0.96	252	242	12.4	7.66	41	YES	90	359953.6 24.52
21	0.92	276	254	OFF	OFF	#VALUE!	#VALUE!	90	394598.4 26.88
22	0.77	277	214	12.5	7.69	40	YES	80	352173.2 23.99
23	0.63	307	194	12.3	7.47	38	YES	80	390047.6 26.57
24	0.95	294	279	12.0	7.53	40	YES	90	420288.4 28.63
25	0.78	293	228	11.8	7.52	40	YES	90	418380 28.5
26	0.94	325	305	11.4	7.42	40	YES	80	412214.4 28.08
27	0.8	251	201	11.8	7.43	39	YES	90	359219.6 24.47
28	0.78	258	202	11.7	7.42	39	YES	80	328244.8 22.36
29	0.73	238	174	12.7	7.65	39	YES	90	340576 23.2
30	0.71	239	170	11.9	7.58	40	YES	80	303288.8 20.66
31	0.83	272	226	10.1	7.62	47	YES	80	346007.6 23.57

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