

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**
 Month/Year: **Jan-25**

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	0.03	0.04	0.04
2	0.04	0.04	0.04	0.04	0.04	0.04	0.04
3	0.04	0.04	OFF	OFF	0.04	0.04	0.05
4	0.04	OFF	OFF	OFF	0.04	0.04	0.04
5	OFF	OFF	OFF	0.04	0.04	0.04	0.08
6	OFF	OFF	OFF	0.04	0.04	0.04	0.05
7	OFF	OFF	OFF	0.04	0.04	0.04	0.05
8	OFF	OFF	0.04	0.04	0.04	OFF	0.05
9	OFF	OFF	0.04	0.04	0.04	0.04	0.04
10	OFF	OFF	OFF	0.05	0.04	OFF	0.11
11	OFF	OFF	OFF	0.04	0.05	0.04	0.05
12	OFF	0.06	OFF	OFF	OFF	0.06	0.10
13	OFF	0.04	0.04	0.04	0.04	0.04	0.05
14	0.04	OFF	OFF	0.04	OFF	OFF	0.11
15	OFF	0.04	0.04	0.04	0.04	0.04	0.05
16	OFF	OFF	OFF	OFF	0.04	0.05	0.05
17	0.04	0.04	OFF	OFF	OFF	OFF	0.05
18	0.05	0.04	OFF	0.04	0.04	0.04	0.05
19	0.03	OFF	OFF	0.04	0.04	OFF	0.05
20	OFF	OFF	OFF	0.06	0.05	0.05	0.06
21	0.04	0.04	OFF	0.04	OFF	OFF	0.04
22	OFF	0.04	0.04	OFF	0.04	0.04	0.06
23	0.04	0.04	0.04	0.05	0.04	OFF	0.05
24	OFF	OFF	OFF	0.07	0.04	0.04	0.07
25	0.04	0.04	OFF	0.04	0.04	OFF	0.04
26	OFF	OFF	OFF	0.04	0.04	0.04	0.05
27	0.04	0.04	0.04	OFF	0.05	0.05	0.06
28	0.04	0.04	0.04	OFF	OFF	OFF	0.05
29	OFF	OFF	OFF	OFF	OFF	OFF	0.06
30	0.03	0.03	0.04	0.04	0.04	0.03	0.04
31	0.03	0.03	0.03	0.03	0.03	0.03	0.04

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: 2/3/25
	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:	Jan-25	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	225	176	10.7	7.24	39	YES	90	321492 21.9
2	1.05	257	270	11.8	7.4	39	YES	90	366853.2 24.99
3	0.87	334	290	12.1	7.3	37	YES	80	423958.4 28.88
4	0.8	305	244	11.7	7.34	38	YES	90	436289.6 29.72
5	0.91	340	310	11.9	7.45	39	YES	80	431885.6 29.42
6	0.94	155	145	12.1	7.44	39	YES	180	441574.4 30.08
7	0.9	344	310	11.5	7.58	42	YES	80	437023.6 29.77
8	0.88	276	242	10.9	7.43	42	YES	100	437317.2 29.79
9	0.8	329	264	10.7	7.59	44	YES	80	418380 28.5
10	0.71	324	230	10.6	7.75	47	YES	80	411774 28.05
11	0.75	275	207	11.2	7.72	45	YES	90	393570.8 26.81
12	0.73	240	175	10.7	7.52	43	YES	100	381386.4 25.98
13	0.83	275	228	9.5	7.59	48	YES	90	392690 26.75
14	0.76	298	226	8.6	7.67	52	YES	90	425720 29
15	0.77	329	254	9.0	7.52	48	YES	80	418380 28.5
16	0.84	314	264	10.0	7.45	44	YES	80	399149.2 27.19
17	0.72	264	190	9.9	7.74	49	YES	100	418380 28.5
18	0.77	300	231	9.9	7.76	49	YES	90	428068.8 29.16
19	0.92	282	260	8.6	7.69	54	YES	100	448033.6 30.52
20	0.98	263	257	9.3	7.61	50	YES	100	417058.8 28.41
21	0.92	244	225	6.8	7.71	61	YES	110	426454 29.05
22	0.88	315	277	7.6	7.73	58	YES	80	399442.8 27.21
23	0.87	297	259	7.0	7.89	64	YES	90	424545.6 28.92
24	0.85	327	278	9.4	7.82	53	YES	80	415737.6 28.32
25	0.85	311	264	8.3	7.81	57	YES	90	444070 30.25
26	0.86	226	195	8.3	7.79	56	YES	115	413388.8 28.16
27	0.83	291	241	5.5	7.84	69	YES	90	415003.6 28.27
28	0.84	327	274	7.0	7.77	61	YES	80	414856.8 28.26
29	0.78	217	169	7.8	7.60	54	YES	90	309454.4 21.08
30	1.02	251	256	6.2	7.55	61	YES	80	318115.6 21.67
31	1	266	266	7.7	7.64	56	YES	90	380212 25.9

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