

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**
 Month/Year: **Feb-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	0.04	0.09	OFF	OFF	0.06	0.05	0.10
2	0.05	OFF	OFF	OFF	0.04	0.04	0.05
3	0.04	0.04	OFF	0.04	0.04	OFF	0.04
4	OFF	OFF	0.04	OFF	0.04	0.04	0.05
5	0.04	0.04	0.03	0.04	0.04	OFF	0.04
6	OFF	OFF	OFF	0.04	0.04	0.04	0.05
7	OFF	OFF	OFF	0.04	OFF	0.04	0.04
8	0.03	OFF	0.04	0.04	0.04	0.03	0.05
9	0.04	0.03	OFF	OFF	OFF	0.04	0.05
10	0.03	0.04	0.04	0.04	0.04	0.04	0.05
11	0.05	OFF	OFF	0.05	0.06	0.05	0.06
12	OFF	OFF	OFF	0.05	0.05	0.05	0.06
13	0.04	0.04	0.04	0.04	0.05	0.06	0.07
14	0.07	OFF	OFF	OFF	OFF	OFF	0.10
15	OFF	OFF	OFF	OFF	OFF	OFF	0.09
16	0.06	0.04	0.04	0.04	0.04	0.04	0.06
17	0.04	0.04	0.04	0.04	0.04	0.04	0.06
18	0.04	0.04	0.04	0.04	0.04	0.04	0.05
19	0.04	0.04	OFF	OFF	0.04	0.04	0.05
20	0.04	0.04	OFF	0.04	0.04	OFF	0.04
21	OFF	OFF	0.06	0.04	0.03	0.03	0.06
22	OFF	OFF	OFF	0.05	0.04	0.03	0.07
23	OFF	OFF	OFF	0.04	0.04	OFF	0.10
24	OFF	OFF	OFF	OFF	OFF	OFF	0.10
25	OFF	OFF	OFF	OFF	OFF	0.05	0.06
26	0.06	0.05	0.04	0.04	0.06	0.07	0.07
27	OFF	OFF	OFF	0.05	0.05	0.05	0.06
28	0.04	0.04	0.04	OFF	0.04	0.04	0.04
29							
30							
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: 3/5/25
	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:	Feb-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	0.77	305	235	9.1	7.75	52	YES	90	435849.2 29.69
2	0.84	296	249	8.6	7.7	53	YES	90	423224.4 28.83
3	0.97	344	333	9.0	7.6	50	YES	80	436289.6 29.72
4	0.9	303	273	8.7	7.58	51	YES	80	385350 26.25
5	0.93	325	303	8.6	7.70	54	YES	80	413095.2 28.14
6	0.78	267	208	8.6	7.66	52	YES	100	423811.6 28.87
7	0.76	307	233	8.6	7.84	55	YES	90	438638.4 29.88
8	0.8	329	264	10.0	7.80	50	YES	80	418380 28.5
9	0.75	305	229	11.0	7.74	46	YES	80	387552 26.4
10	0.87	283	246	7.8	7.77	58	YES	90	404580.8 27.56
11	0.8	280	224	8.2	7.77	56	YES	100	444070 30.25
12	0.76	296	225	7.8	7.83	58	YES	90	422930.8 28.81
13	0.82	309	253	7.8	7.88	60	YES	90	440840.4 30.03
14	0.7	263	184	8.2	7.86	57	YES	90	375074 25.55
15	0.6	195	117	9.2	7.71	50	YES	90	277892.4 18.93
16	0.68	197	134	9.9	7.73	48	YES	90	281856 19.2
17	1.04	211	220	10.1	7.57	47	YES	100	335438 22.85
18	1.08	247	267	10.2	7.47	45	YES	100	392836.8 26.76
19	0.94	293	275	10.2	7.48	45	YES	90	418673.6 28.52
20	0.97	306	297	10.5	7.55	45	YES	90	436876.8 29.76
21	0.87	329	287	9.9	7.59	47	YES	80	418380 28.5
22	0.82	340	279	11.3	7.52	42	YES	80	431885.6 29.42
23	0.87	339	295	11.4	7.60	43	YES	80	430711.2 29.34
24	0.81	335	272	12.1	7.52	39	YES	70	372725.2 25.39
25	0.61	251	153	11.2	7.61	42	YES	80	318849.6 21.72
26	0.82	267	219	10.4	7.79	49	YES	80	338961.2 23.09
27	0.81	262	212	11.7	7.75	44	YES	90	373899.6 25.47
28	0.76	318	241	10.9	7.71	45	YES	80	403259.6 27.47
29		#DIV/0!							0
30		#DIV/0!							0
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