OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Coos

Month/Year: Mar-25

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	0.03	0.04	OFF	0.04	0.03	OFF	0.04
2	OFF	OFF	OFF	0.04	OFF	0.03	0.04
3	0.04	0.04	OFF	0.03	OFF	OFF	0.04
4	OFF	OFF	0.04	0.04	0.04	0.03	0.04
5	OFF	OFF	OFF	0.04	0.03	0.03	0.04
6	OFF	OFF	OFF	OFF	0.04	0.04	0.05
7	0.04	OFF	OFF	0.04	0.04	OFF	0.05
8	OFF	OFF	0.04	0.04	0.04	0.04	0.04
9	OFF	OFF	OFF	0.04	OFF	0.03	0.04
10	0.04	OFF	OFF	0.06	0.04	OFF	0.10
11	OFF	OFF	OFF	0.04	0.04	0.04	0.05
12	0.04	0.05	0.07	OFF	0.06	0.03	0.08
13	OFF	OFF	OFF	0.03	0.04	0.04	0.04
14	OFF	OFF	OFF	0.04	0.04	0.04	0.04
15	0.04	OFF	OFF	0.08	0.07	0.04	0.10
16	0.04	OFF	OFF	OFF	OFF	OFF	0.04
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF (all day)
18	OFF	OFF	OFF	OFF	OFF	0.04	0.04
19	0.05	0.06	0.07	OFF	OFF	0.04	0.07
20	0.03	0.04	0.04	0.04	0.04	0.04	0.05
21	0.04	0.04	0.04	OFF	OFF	0.05	0.05
22	0.05	0.05	0.05	0.04	0.04	OFF	0.05
23	OFF	OFF	OFF	0.04	0.04	0.03	0.05
24	0.03	0.03	OFF	OFF	0.03	0.03	0.04
25	0.03	OFF	OFF	0.03	0.03	0.03	0.04
26	OFF	OFF	OFF	0.03	0.03	0.03	0.04
27	0.03	OFF	OFF	OFF	0.03	0.03	0.05
28	0.05	0.05	OFF	0.09	OFF	OFF	0.10
29	OFF	OFF	OFF	0.09	OFF	0.06	0.10
30	0.03	0.03	0.03	0.03	0.03	0.03	0.04
31	OFF	OFF	OFF	0.03	0.03	OFF	0.04

Conventional or Direct Filtration

95% of 4-hour turbidity readings ≤ 0.3 NTU?	**Yes**
All 4-hour turbidity readings ≤ 1 NTU?	**Yes**
All turbidity readings < IFE[2] triggers	**Yes**

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
Yes	**Yes**

Notes:

PRINTED NAME: Dave Terrusa

SIGNATURE: /S/ Dave Terrusa **DATE: 7 Apr 2025**

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	
Disinfection *Giardia* Log Inactive:	1

System Name:	**Powers, City of**	**ID#: 41-00672**	**Month/Year:**	**Mar-25**

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	0.91	308	280	11.1	7.42	41	YES	90	440253.2	29.99
2	0.85	292	248	12.0	7.8	44	YES	90	416471.6	28.37
3	0.86	343	295	10.9	7.6	45	YES	80	434968.4	29.63
4	0.86	330	284	11.1	7.80	47	YES	80	418820.4	28.53
5	0.83	343	284	11.9	7.59	41	YES	80	435115.2	29.64
6	0.79	287	227	10.7	7.58	44	YES	90	409865.6	27.92
7	0.87	353	307	10.8	7.96	51	YES	80	448474	30.55
8	0.83	304	252	11.5	7.63	43	YES	90	433940.8	29.56
9	**0.78**	306	239	10.8	7.69	45	YES	90	437170.4	29.78
10	0.78	348	271	10.4	7.87	50	YES	80	441280.8	30.06
11	0.76	329	250	10.6	7.82	48	YES	80	418380	28.5
12	0.7	324	227	9.7	7.84	51	YES	80	411333.6	28.02
13	0.5	326	163	9.9	7.77	48	YES	80	413535.6	28.17
14	0.5	325	163	9.0	7.75	51	YES	80	412948.4	28.13
15	0.76	345	262	8.8	7.67	51	YES	80	438344.8	29.86
16	0.91	316	288	9.5	7.55	48	YES	80	401791.6	27.37
17	0.47	261	123	10.3	7.35	40	YES	80	331914.8	22.61
18	0.44	216	95	11.1	7.58	41	YES	80	274369.2	18.69
19	0.85	231	196	9.3	7.74	52	YES	80	292866	19.95
20	0.9	246	222	9.5	7.92	55	YES	80	312977.6	21.32
21	0.84	305	256	9.1	7.78	53	YES	80	386671.2	26.34
22	0.88	327	288	12.8	7.79	42	YES	80	415590.8	28.31
23	0.88	292	257	10.7	7.77	48	YES	90	417499.2	28.44
24	0.93	305	284	10.8	7.67	46	YES	90	435702.4	29.68
25	0.92	281	259	11.2	7.92	49	YES	100	446712.4	30.43
26	0.96	298	286	12.3	7.72	42	YES	90	425132.8	28.96
27	0.96	325	312	12.0	7.65	42	YES	80	412654.8	28.11
28	0.87	337	293	10.9	7.67	45	YES	80	428068.8	29.16
29	0.82	265	217	10.7	7.40	42	YES	90	378450.4	25.78
30	1.07	310	332	9.9	7.54	47	YES	80	393424	26.8
31	1.07	348	372	10.3	7.47	45	YES	80	441280.8	30.06

[3] If Cl_2 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