OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Coos

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

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: 10 June 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:**	**May-25**	**Disinfection *Giardia* Log Inactive:**	1

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	0.72	223	160	14.0	7.71	37	YES	100	353641.2	24.09
2	0.87	287	250	13.3	7.7	40	YES	80	364944.8	24.86
3	0.85	100	85	13.8	7.4	34	YES	270	427775.2	29.14
4	0.83	270	224	14.7	7.70	35	YES	100	428509.2	29.19
5	0.71	279	198	14.7	7.71	35	YES	100	442748.8	30.16
6	0.69	296	204	13.9	7.81	38	YES	90	422490.4	28.78
7	0.69	267	184	15.5	7.81	34	YES	100	423077.6	28.82
8	0.7	312	218	16.3	7.83	33	YES	90	445831.6	30.37
9	0.67	272	182	15.0	7.83	36	YES	90	388139.2	26.44
10	0.78	264	206	14.2	7.72	37	YES	100	419407.6	28.57
11	0.82	293	240	14.6	7.53	33	YES	90	418380	28.5
12	0.89	268	239	14.0	7.63	36	YES	100	426013.6	29.02
13	0.87	329	287	13.7	7.66	37	YES	80	418380	28.5
14	0.72	228	164	13.6	7.72	38	YES	120	434528	29.6
15	0.71	287	204	13.6	7.72	38	YES	90	409718.8	27.91
16	0.81	293	237	14.0	7.62	36	YES	90	418380	28.5
17	0.85	300	255	14.3	7.63	35	YES	90	427922	29.15
18	0.8	264	211	13.2	7.65	38	YES	100	418380	28.5
19	0.85	349	297	14.7	7.59	34	YES	80	443336	30.2
20	0.72	334	241	13.9	7.70	37	YES	80	424545.6	28.92
21	0.73	310	227	14.0	7.65	36	YES	90	443482.8	30.21
22	0.79	272	215	14.2	7.58	35	YES	90	387992.4	26.43
23	0.88	293	258	14.1	7.71	37	YES	90	419114	28.55
24	0.82	264	216	14.1	7.68	36	YES	100	418380	28.5
25	0.89	310	276	16.6	7.70	31	YES	90	442308.4	30.13
26	0.85	245	208	16.5	7.63	31	YES	110	427481.6	29.12
27	0.78	217	169	16.7	7.48	28	YES	130	446859.2	30.44
28	0.74	253	187	17.5	7.43	26	YES	100	401057.6	27.32
29	0.85	225	191	17.0	7.57	29	YES	120	428362.4	29.18
30	0.87	220	191	15.9	7.60	32	YES	120	418380	28.5
31	0.83	234	194	18.6	7.56	26	YES	120	446272	30.4

[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