OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Coos

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

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: 20250702**

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:**	**Jun-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	0.76	164	125	18.5	7.66	27	YES	160	416324.8	28.36
2	0.85	206	175	17.0	7.6	29	YES	130	424105.2	28.89
3	0.77	210	162	18.5	7.5	25	YES	120	400176.8	27.26
4	0.86	170	147	18.4	7.56	26	YES	155	419260.8	28.56
5	0.8	229	183	19.4	7.52	24	YES	120	436583.2	29.74
6	0.8	191	153	19.3	7.49	24	YES	140	424692.4	28.93
7	0.86	198	171	20.3	7.51	23	YES	140	440840.4	30.03
8	0.81	169	137	21.2	7.48	21	YES	160	429536.8	29.26
9	**0.75**	151	113	21.4	7.53	21	YES	160	382854.4	26.08
10	0.74	187	138	21.2	7.63	22	YES	140	414563.2	28.24
11	0.72	188	136	20.4	7.62	23	YES	140	418380	28.5
12	0.76	197	150	20.2	7.74	25	YES	140	437170.4	29.78
13	0.78	158	123	19.6	7.68	25	YES	170	425426.4	28.98
14	0.75	203	152	18.3	7.50	26	YES	130	418673.6	28.52
15	0.77	137	106	18.6	7.64	26	YES	170	370082.8	25.21
16	0.72	149	107	18.3	7.74	28	YES	160	377422.8	25.71
17	0.9	152	137	18.3	7.66	28	YES	170	411480.4	28.03
18	0.98	160	157	18.8	7.51	25	YES	170	432179.2	29.44
19	0.96	140	134	17.8	7.49	27	YES	190	421462.8	28.71
20	0.88	229	202	18.5	7.42	25	YES	110	400176.8	27.26
21	0.9	273	246	17.1	7.48	28	YES	100	433060	29.5
22	0.88	250	220	16.5	7.45	29	YES	110	436436.4	29.73
23	0.87	210	183	16.5	7.49	29	YES	130	433060	29.5
24	0.83	197	163	18.1	7.46	26	YES	140	436730	29.75
25	0.89	152	135	18.7	7.45	25	YES	180	433060	29.5
26	0.82	141	116	19.3	7.49	24	YES	170	380212	25.9
27	0.92	134	123	20.2	7.48	23	YES	190	403700	27.5
28	0.8	153	122	21.7	7.55	21	YES	170	411627.2	28.04
29	0.73	138	101	21.7	7.46	20	YES	190	417646	28.45
30	0.8	198	158	21.8	7.51	20	YES	140	439519.2	29.94
31		#DIV/0!							0	

[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