OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County:	**Coos**
Month/Year:	**Jul-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	0.04	OFF	0.05	0.05	0.07
2	0.05	0.05	OFF	0.05	0.05	OFF	0.06
3	0.05	OFF	OFF	0.05	0.05	0.04	0.05
4	OFF	0.05	0.04	OFF	OFF	0.04	0.07
5	OFF	OFF	OFF	0.04	0.04	0.04	0.06
6	OFF	OFF	0.04	0.05	0.04	0.04	0.06
7	OFF	OFF	0.05	0.04	0.04	0.04	0.07
8	OFF	OFF	0.04	0.04	0.04	0.04	0.06
9	OFF	OFF	0.04	OFF	OFF	0.06	0.08
10	0.05	0.05	0.05	0.05	0.05	0.05	0.06
11	0.05	0.05	0.05	0.05	0.05	0.05	0.05
12	OFF	OFF	0.05	0.05	0.05	0.05	0.06
13	OFF	OFF	0.05	0.05	0.05	OFF	0.08
14	0.05	OFF	OFF	0.05	0.05	OFF	0.06
15	0.05	OFF	OFF	0.05	0.05	OFF	0.07
16	0.04	OFF	0.06	0.05	OFF	0.06	0.07
17	0.05	OFF	0.05	OFF	0.06	0.05	0.09
18	0.05	OFF	OFF	0.06	0.06	OFF	0.07
19	0.05	OFF	OFF	0.05	0.05	OFF	0.07
20	0.04	OFF	0.05	0.05	0.05	0.05	0.06
21	OFF	OFF	0.05	OFF	OFF	0.05	0.07
22	OFF	OFF	OFF	0.05	OFF	0.05	0.08
23	OFF	OFF	0.05	0.05	0.05	0.05	0.06
24	OFF	OFF	0.05	0.05	OFF	0.05	0.08
25	0.04	OFF	0.05	0.05	0.05	OFF	0.08
26	0.04	OFF	0.05	0.05	OFF	0.05	0.06
27	0.05	OFF	OFF	0.06	0.05	0.05	0.06
28	OFF	OFF	0.05	0.05	OFF	0.05	0.07
29	0.05	OFF	0.06	0.05	OFF	0.05	0.07
30	0.05	OFF	0.05	0.05	0.05	OFF	0.07
31	0.05	OFF	0.05	0.05	OFF	0.05	0.07

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: 8/3/25**

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:**	**Jul-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	0.77	125	96	21.4	7.50	21	YES	200	396800.4	27.03
2	0.75	181	136	21.2	7.5	21	YES	150	430270.8	29.31
3	0.77	154	119	21.2	7.5	21	YES	180	440546.8	30.01
4	0.72	185	133	20.0	7.54	23	YES	150	440400	30
5	0.76	185	141	18.9	7.62	26	YES	150	440400	30
6	0.73	154	113	19.8	7.58	24	YES	180	440400	30
7	0.77	173	134	19.6	7.51	24	YES	160	440400	30
8	0.7	185	129	20.5	7.52	22	YES	150	439519.2	29.94
9	**0.61**	159	97	20.8	7.50	21	YES	130	327217.2	22.29
10	0.88	157	138	21.5	7.55	21	YES	140	348503.2	23.74
11	0.88	173	152	21.9	7.54	21	YES	150	411333.6	28.02
12	0.73	173	127	22.2	7.49	20	YES	160	440400	30
13	0.69	162	112	22.6	7.47	19	YES	170	437464	29.8
14	0.63	168	106	22.3	7.54	20	YES	165	440400	30
15	0.78	198	154	22.6	7.63	20	YES	140	440106.4	29.98
16	0.78	198	155	22.4	7.60	20	YES	140	440400	30
17	0.71	173	123	21.3	7.47	21	YES	150	411774	28.05
18	0.76	226	171	21.4	7.69	22	YES	123	440400	30
19	0.74	142	105	20.4	7.62	23	YES	195	440400	30
20	0.83	138	114	21.1	7.62	22	YES	200	437023.6	29.77
21	0.83	231	192	21.5	7.44	20	YES	120	440400	30
22	0.85	198	168	21.2	7.45	21	YES	140	440400	30
23	0.85	121	102	20.1	7.57	24	YES	230	440106.4	29.98
24	0.86	172	148	20.7	7.56	23	YES	160	437904.4	29.83
25	0.76	154	117	20.7	7.51	22	YES	180	440400	30
26	0.7	171	120	21.4	7.50	21	YES	150	407957.2	27.79
27	0.7	161	113	20.4	7.52	22	YES	170	434087.6	29.57
28	0.73	154	112	19.7	7.60	24	YES	180	439666	29.95
29	0.74	185	137	19.7	7.53	23	YES	150	440400	30
30	0.75	163	122	20.2	7.56	23	YES	170	440106.4	29.98
31	0.74	163	120	21.1	7.55	22	YES	170	439372.4	29.93

[3] If Cl_2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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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