OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Coos

Month/Year: Aug-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	0.05	OFF	0.05	0.05	0.05	OFF	0.07
2	0.04	OFF	0.05	0.05	0.05	OFF	0.07
3	0.04	OFF	0.05	0.05	0.05	OFF	0.07
4	0.05	OFF	OFF	OFF	0.06	0.06	0.07
5	0.06	OFF	OFF	0.06	0.06	0.06	0.07
6	0.06	OFF	0.06	0.06	OFF	0.06	0.07
7	0.05	OFF	0.05	0.06	OFF	0.05	0.07
8	OFF	OFF	0.05	0.06	OFF	0.05	0.09
9	OFF	OFF	0.05	0.06	0.05	OFF	0.09
10	0.05	OFF	0.06	0.05	0.05	0.05	0.07
11	OFF	OFF	0.05	0.05	0.05	0.05	0.07
12	OFF	OFF	0.05	OFF	0.07	0.06	0.07
13	0.06	0.06	0.06	0.07	OFF	0.06	0.08
14	OFF	OFF	OFF	0.06	OFF	0.06	0.08
15	0.06	OFF	0.06	0.07	0.06	OFF	0.07
16	0.06	OFF	OFF	0.06	OFF	OFF	0.09
17	0.05	OFF	0.06	0.06	OFF	OFF	0.07
18	OFF	OFF	OFF	0.05	0.05	0.05	0.07
19	0.05	OFF	OFF	0.05	OFF	0.05	0.08
20	OFF	OFF	0.05	0.05	0.07	0.06	0.09
21	0.06	OFF	OFF	0.06	0.06	0.06	0.07
22	OFF	0.06	0.05	OFF	OFF	0.06	0.07
23	0.05	OFF	0.06	0.06	0.06	OFF	0.09
24	0.05	OFF	OFF	0.05	0.06	OFF	0.07
25	0.05	OFF	0.05	OFF	0.06	0.05	0.06
26	OFF	OFF	0.05	0.06	OFF	0.05	0.06
27	OFF	OFF	0.05	OFF	0.08	0.06	0.10
28	OFF	OFF	OFF	OFF	0.08	0.06	0.09
29	0.06	0.06	0.06	0.06	0.06	OFF	0.06
30	OFF	0.05	0.05	0.06	0.06	OFF	0.07
31	0.05	0.05	OFF	OFF	OFF	OFF	0.09

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: 09/06/25**

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:**	**Aug-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	0.74	173	128	21.6	7.55	21	YES	160	440106.4	29.98
2	0.75	173	130	22.3	7.5	19	YES	160	439959.6	29.97
3	0.74	185	137	21.3	7.5	20	YES	150	440400	30
4	0.72	182	131	20.6	7.54	22	YES	140	403700	27.5
5	0.68	198	135	19.8	7.66	24	YES	140	440400	30
6	0.68	198	135	20.1	7.61	23	YES	140	440400	30
7	0.77	185	142	20.4	7.65	24	YES	150	440400	30
8	0.73	185	135	19.9	7.70	25	YES	150	440546.8	30.01
9	**0.7**	174	121	19.7	7.59	24	YES	160	440693.6	30.02
10	0.75	163	123	21.1	7.64	22	YES	170	440987.2	30.04
11	0.78	152	119	21.9	7.66	21	YES	170	410452.8	27.96
12	0.63	141	89	22.8	7.52	19	YES	170	381239.6	25.97
13	0.68	163	111	23.0	7.59	19	YES	160	413976	28.2
14	0.65	145	95	22.8	7.53	19	YES	190	438491.6	29.87
15	0.66	154	102	22.1	7.56	20	YES	180	440400	30
16	0.59	198	117	22.4	7.61	20	YES	140	440400	30
17	0.66	187	124	21.2	7.55	21	YES	140	416471.6	28.37
18	0.74	161	119	20.2	7.68	24	YES	150	384028.8	26.16
19	0.69	198	137	19.3	7.63	25	YES	140	440400	30
20	0.74	173	128	19.5	7.59	24	YES	150	412508	28.1
21	0.92	146	134	19.9	7.89	27	YES	190	439666	29.95
22	0.88	134	118	19.8	7.59	24	YES	190	403993.6	27.52
23	0.9	146	131	21.7	7.52	21	YES	190	440400	30
24	0.82	198	163	21.6	7.53	21	YES	140	440400	30
25	0.74	231	171	21.5	7.52	21	YES	120	440840.4	30.03
26	0.7	214	149	21.8	7.62	21	YES	130	440693.6	30.02
27	0.77	169	130	21.8	7.49	20	YES	150	402819.2	27.44
28	0.57	134	76	23.4	7.62	19	YES	160	339988.8	23.16
29	0.72	154	111	21.5	7.56	21	YES	160	390928.4	26.63
30	0.69	176	121	21.4	7.45	20	YES	150	418086.4	28.48
31	0.7	178	124	20.3	7.49	22	YES	150	422930.8	28.81

[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