OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Coos

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

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	
Disinfection *Giardia* Log Inactive:	1

System Name:	**Powers, City of**	**ID#: 41-00672**	**Month/Year:**	**Sep-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	0.79	173	137	20.6	7.39	21	YES	160	440253.2	29.99
2	0.75	198	149	20.2	7.4	22	YES	140	440400	30
3	0.77	221	170	20.4	7.4	22	YES	120	420435.2	28.64
4	0.75	213	160	20.7	7.46	21	YES	130	440400	30
5	0.73	213	156	20.9	7.46	21	YES	130	440400	30
6	0.75	252	189	21.0	7.47	21	YES	110	440400	30
7	0.78	198	155	20.1	7.50	23	YES	140	440400	30
8	0.79	231	183	19.6	7.47	23	YES	120	440400	30
9	**0.7**	308	216	20.1	7.35	21	YES	90	440400	30
10	0.66	277	183	20.1	7.44	22	YES	100	440400	30
11	0.63	293	185	19.8	7.44	22	YES	90	418820.4	28.53
12	0.79	273	215	19.5	7.47	23	YES	100	432766.4	29.48
13	0.57	267	152	19.3	7.45	23	YES	100	423371.2	28.84
14	0.79	303	240	20.1	7.47	22	YES	90	433206.8	29.51
15	0.82	267	219	19.8	7.52	23	YES	100	423518	28.85
16	0.82	229	188	19.1	7.48	24	YES	120	436289.6	29.72
17	0.81	213	173	18.7	7.58	26	YES	130	440400	30
18	0.82	198	163	19.3	7.53	24	YES	140	440400	30
19	0.9	220	198	19.4	7.52	24	YES	120	418526.8	28.51
20	0.89	198	176	19.2	7.61	25	YES	140	440400	30
21	0.87	252	219	19.0	7.63	26	YES	110	440400	30
22	0.86	280	241	18.6	7.65	27	YES	100	444950.8	30.31
23	0.84	230	193	18.1	7.64	28	YES	120	437757.6	29.82
24	0.85	216	183	17.9	7.63	28	YES	130	445244.4	30.33
25	0.86	231	199	18.3	7.70	28	YES	120	440400	30
26	0.86	253	217	18.3	7.84	29	YES	100	400910.8	27.31
27	0.76	245	186	17.4	7.79	30	YES	110	428068.8	29.16
28	0.79	250	197	17.2	7.86	32	YES	110	435996	29.7
29	0.73	308	225	16.6	7.77	32	YES	90	440400	30
30	0.76	308	234	16.9	7.85	32	YES	90	440400	30
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