OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Coos

Month/Year: Oct-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	OFF	0.05	OFF	OFF	0.09
2	0.05	OFF	0.05	0.05	OFF	0.05	0.09
3	0.05	OFF	OFF	OFF	0.05	0.05	0.08
4	0.05	OFF	0.05	OFF	0.05	0.05	0.06
5	OFF	OFF	0.05	0.05	OFF	OFF	0.06
6	OFF	OFF	0.05	0.05	0.05	0.05	0.05
7	0.05	0.05	OFF	OFF	OFF	0.05	0.07
8	0.04	OFF	OFF	OFF	0.05	0.05	0.06
9	0.04	OFF	OFF	0.05	0.07	OFF	0.07
10	0.05	0.05	OFF	0.07	0.06	0.05	0.07
11	0.05	OFF	OFF	0.05	0.06	OFF	0.06
12	OFF	OFF	0.05	0.06	OFF	0.06	0.07
13	0.06	OFF	OFF	0.06	OFF	OFF	0.06
14	OFF	0.06	OFF	OFF	0.06	0.05	0.06
15	OFF	OFF	OFF	0.05	0.04	OFF	0.06
16	OFF	0.04	OFF	OFF	0.04	0.04	0.05
17	OFF	OFF	OFF	0.04	0.04	OFF	0.05
18	OFF	0.04	OFF	0.04	OFF	OFF	0.06
19	0.04	OFF	OFF	0.04	OFF	OFF	0.05
20	0.04	OFF	OFF	OFF	OFF	0.04	0.05
21	OFF	OFF	OFF	OFF	0.05	0.05	0.06
22	0.05	OFF	OFF	0.05	0.05	OFF	0.06
23	OFF	0.05	0.05	OFF	0.05	0.05	0.06
24	OFF	OFF	OFF	0.04	0.04	OFF	0.05
25	OFF	0.04	OFF	0.05	OFF	OFF	0.05
26	0.05	OFF	OFF	OFF	OFF	OFF	0.10
27	OFF	OFF	OFF	OFF	OFF	0.12	0.12
28	0.09	0.09	0.09	OFF	OFF	0.08	0.11
29	0.08	0.08	0.08	OFF	OFF	OFF	0.10
30	0.07	0.06	0.06	OFF	OFF	OFF	0.07
31	0.04	0.04	0.04	0.04	0.04	0.04	0.04

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: 11/04/25**

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:** **Oct-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	0.77	277	214	16.0	7.83	34	YES	100	440400	30
2	0.78	347	271	16.1	7.8	33	YES	80	440400	30
3	0.74	285	211	16.4	7.8	33	YES	90	407810.4	27.78
4	0.83	347	288	16.3	7.68	32	YES	80	440400	30
5	0.86	277	239	16.5	7.66	31	YES	100	440400	30
6	0.85	247	210	16.3	7.67	31	YES	100	391515.6	26.67
7	0.9	276	249	15.8	7.63	32	YES	100	438785.2	29.89
8	0.89	291	259	15.7	7.66	33	YES	90	415297.2	28.29
9	**0.86**	277	239	15.2	7.69	34	YES	100	440400	30
10	0.8	292	234	14.4	7.74	36	YES	90	417205.6	28.42
11	0.79	347	274	14.4	8.00	40	YES	80	440400	30
12	0.84	308	259	14.3	7.99	40	YES	90	440400	30
13	0.83	308	256	13.9	7.88	40	YES	90	440400	30
14	0.78	185	144	13.3	7.93	42	YES	150	439959.6	29.97
15	0.79	310	245	13.4	7.92	42	YES	90	443482.8	30.21
16	1.05	347	364	12.9	7.98	45	YES	80	440400	30
17	0.93	308	287	13.2	7.87	42	YES	90	440400	30
18	0.95	308	293	13.1	7.74	40	YES	90	440400	30
19	0.95	308	293	13.9	7.78	39	YES	90	440400	30
20	0.92	308	284	14.0	7.76	38	YES	90	440400	30
21	0.8	286	229	13.5	7.81	40	YES	90	408544.4	27.83
22	0.95	312	296	13.0	7.68	40	YES	90	445097.6	30.32
23	0.89	347	309	12.7	7.71	41	YES	80	440400	30
24	0.9	277	250	14.4	7.70	36	YES	100	440400	30
25	0.92	347	319	13.8	7.87	40	YES	80	440400	30
26	0.91	272	248	13.4	7.80	40	YES	90	388579.6	26.47
27	0.61	255	156	13.5	7.30	32	YES	80	324134.4	22.08
28	0.68	238	162	10.8	7.55	43	YES	90	340135.6	23.17
29	0.75	294	220	12.4	7.63	40	YES	80	373018.8	25.41
30	0.55	195	108	12.3	7.77	41	YES	110	341310	23.25
31	0.74	274	203	12.8	7.37	35	YES	80	347769.2	23.69

[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