OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Coos

Month/Year: Nov-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	0.04	0.04	OFF	0.04	OFF	OFF	0.05
2	OFF	OFF	OFF	0.04	0.04	OFF	0.05
3	OFF	0.04	0.04	OFF	0.05	0.04	0.05
4	OFF	OFF	OFF	0.04	0.04	OFF	0.07
5	OFF	OFF	OFF	0.07	OFF	OFF	0.10
6	OFF	OFF	OFF	OFF	OFF	0.05	0.05
7	0.05	0.04	0.04	0.05	OFF	OFF	0.06
8	OFF	OFF	OFF	OFF	0.05	OFF	0.06
9	OFF	OFF	OFF	0.05	0.05	0.04	0.06
10	0.04	0.04	0.04	0.04	OFF	0.04	0.05
11	0.04	0.04	0.04	OFF	0.05	0.04	0.05
12	OFF	OFF	OFF	0.05	OFF	OFF	0.05
13	0.04	OFF	OFF	0.05	OFF	OFF	0.05
14	0.04	OFF	OFF	0.04	OFF	OFF	0.05
15	0.04	OFF	OFF	0.04	0.04	OFF	0.05
16	OFF	0.04	0.04	0.04	OFF	0.04	0.04
17	OFF	OFF	OFF	0.04	0.05	OFF	0.05
18	OFF	0.05	0.05	OFF	0.05	0.05	0.05
19	OFF	OFF	OFF	0.04	0.04	OFF	0.05
20	OFF	OFF	0.04	0.05	0.04	0.04	0.05
21	OFF	OFF	OFF	0.04	0.04	OFF	0.04
22	OFF	0.04	0.04	OFF	0.04	0.04	0.04
23	OFF	OFF	0.04	0.04	0.04	OFF	0.04
24	OFF	0.04	0.04	0.04	OFF	OFF	0.06
25	0.04	OFF	OFF	0.04	OFF	OFF	0.04
26	0.04	OFF	OFF	0.04	OFF	OFF	0.04
27	0.04	0.04	OFF	OFF	0.04	0.04	0.04
28	0.04	OFF	0.04	0.04	OFF	0.04	0.04
29	0.04	OFF	OFF	0.04	OFF	OFF	0.05
30	0.04	0.04	OFF	0.04	0.04	0.06	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: 12/02/2025**

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:**	**Nov-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	0.88	348	306	13.6	7.45	35	YES	80	441868	30.1
2	0.82	308	253	13.1	7.5	36	YES	90	440400	30
3	0.77	308	237	12.9	7.5	37	YES	90	440400	30
4	0.69	347	239	13.0	7.54	37	YES	80	440400	30
5	0.74	312	231	13.4	7.50	35	YES	80	395772.8	26.96
6	0.62	269	167	14.2	7.48	33	YES	80	342044	23.3
7	0.71	288	205	14.0	7.59	35	YES	80	366119.2	24.94
8	0.67	282	189	12.9	7.38	35	YES	80	358338.8	24.41
9	**0.77**	233	180	12.7	7.54	38	YES	90	333236	22.7
10	0.85	298	253	12.1	7.67	42	YES	80	378010	25.75
11	0.92	335	308	12.6	7.68	41	YES	80	425426.4	28.98
12	0.76	347	264	13.2	7.58	37	YES	80	440400	30
13	0.76	347	264	13.5	7.65	37	YES	80	440400	30
14	0.86	347	298	14.1	7.62	36	YES	80	440400	30
15	0.88	308	271	14.1	7.53	35	YES	90	440400	30
16	0.87	347	302	12.5	7.56	39	YES	80	440400	30
17	0.98	187	183	13.1	7.53	38	YES	150	445391.2	30.34
18	0.83	347	288	12.7	7.47	37	YES	80	440400	30
19	0.89	146	130	12.3	7.46	38	YES	190	440400	30
20	0.88	297	261	11.7	7.46	40	YES	90	423811.6	28.87
21	0.97	347	336	12.3	7.45	39	YES	80	440400	30
22	1.05	308	324	10.8	7.30	41	YES	90	440400	30
23	1.01	277	280	13.5	7.68	39	YES	100	440400	30
24	0.98	347	340	10.8	7.55	44	YES	80	440400	30
25	1.02	347	354	11.3	7.56	43	YES	80	440400	30
26	1.03	277	286	11.1	7.58	44	YES	100	440400	30
27	1.02	262	267	10.8	7.54	44	YES	100	415737.6	28.32
28	1.01	308	311	11.4	7.54	43	YES	90	440400	30
29	0.94	347	326	11.5	7.51	42	YES	80	440400	30
30	0.98	345	338	12.4	7.81	44	YES	80	438051.2	29.84
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