

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Dec-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 <sup>1</sup> [NTU]
1	0.04	OFF	OFF	0.04	OFF	OFF	0.04
2	0.03	OFF	OFF	0.04	OFF	0.04	0.04
3	0.03	OFF	OFF	0.04	OFF	OFF	0.04
4	0.04	0.05	0.06	OFF	0.04	OFF	0.06
5	OFF	OFF	OFF	0.09	0.04	0.05	0.09
6	0.04	0.04	0.04	OFF	0.04	0.05	0.05
7	OFF	OFF	OFF	OFF	0.04	0.04	0.05
8	OFF	OFF	OFF	0.05	0.08	OFF	0.10
9	OFF	OFF	OFF	OFF	OFF	0.04	0.04
10	0.04	0.04	0.04	0.04	0.04	0.04	0.04
11	0.04	OFF	OFF	0.04	0.04	OFF	0.05
12	0.04	0.04	OFF	OFF	0.06	OFF	0.10
13	OFF	OFF	OFF	OFF	0.04	0.04	0.10
14	0.07	OFF	OFF	0.11	0.04	0.04	0.11
15	0.03	0.03	0.06	0.04	0.03	0.03	0.10
16	0.07	OFF	OFF	0.05	0.09	OFF	0.11
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	OFF	OFF	OFF	0.05	0.04	0.04	0.09
19	0.04	0.06	OFF	OFF	OFF	OFF	0.10
20	OFF	OFF	OFF	OFF	OFF	0.04	0.05
21	0.04	0.04	0.04	0.04	0.11	0.04	0.11
22	0.04	OFF	0.05	OFF	OFF	0.04	0.10
23	0.04	OFF	OFF	0.05	OFF	0.03	0.10
24	0.03	0.03	0.09	OFF	OFF	0.04	0.10
25	0.04	0.04	0.04	0.05	OFF	OFF	0.06
26	OFF	OFF	OFF	OFF	0.03	0.03	0.05
27	0.04	0.04	0.04	OFF	0.06	0.05	0.07
28	OFF	OFF	OFF	OFF	0.03	0.03	0.03
29	0.03	0.03	0.03	0.03	OFF	OFF	0.03
30	0.03	0.03	OFF	0.05	0.08	OFF	0.09
31	OFF	OFF	OFF	OFF	0.03	0.03	0.10

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <b>Yes</b>	CT's met everyday? (see back) <b>Yes</b>	All Cl2 residual at entry point ≥ 0.2 mg/l? <b>Yes</b>
All 4-hour turbidity readings ≤ 1 NTU? <b>Yes</b>		
All turbidity readings < IFE <sup>2</sup> triggers <b>Yes</b>		

<b>Notes:</b>	<b>PRINTED NAME: Dave Terrusa</b>	
	<b>SIGNATURE: /S/ Dave Terrusa</b>	<b>DATE: 1/8/26</b>
	<b>PHONE #: ( 541 ) 253-7556</b>	<b>CERT #: 6930</b>

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 2400 through 2000 may not correspond to continuous readings' maximum. <sup>2</sup> 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:	Dec-25	Disinfection <i>Giardia</i> Log Inactive:	1
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	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	0.94	347	326	10.6	7.62	46	YES	80	440400 30
2	0.93	347	323	10.8	7.7	46	YES	80	440400 30
3	0.84	347	291	10.2	7.7	47	YES	80	440400 30
4	0.82	332	272	9.5	7.81	52	YES	80	421903.2 28.74
5	0.69	271	187	11.1	7.98	49	YES	90	387845.6 26.42
6	0.81	346	280	13.0	7.79	41	YES	80	438785.2 29.89
7	0.84	338	284	13.3	8.05	44	YES	80	428949.6 29.22
8	0.84	323	272	11.8	7.90	46	YES	80	410599.6 27.97
9	0.48	266	128	12.7	7.77	40	YES	80	338080.4 23.03
10	0.92	288	265	12.1	7.67	42	YES	80	366266 24.95
11	0.82	347	284	12.8	7.74	41	YES	80	440400 30
12	0.93	348	323	12.4	7.69	42	YES	80	441574.4 30.08
13	0.45	294	133	13.3	7.64	36	YES	80	373899.6 25.47
14	0.84	218	183	11.3	7.62	43	YES	100	345420.4 23.53
15	0.95	265	251	10.6	7.61	46	YES	90	377863.2 25.74
16	0.91	336	306	12.1	7.59	41	YES	80	427188 29.1
17	0.77	322	248	OFF	OFF	#VALUE!	#VALUE!	70	357311.2 24.34
18	0.79	227	179	12.1	7.61	41	YES	90	324281.2 22.09
19	0.96	288	277	OFF	OFF	#VALUE!	#VALUE!	80	365825.6 24.92
20	0.68	261	178	11.0	7.49	41	YES	70	290223.6 19.77
21	0.94	67	63	10.6	7.38	42	YES	300	317822 21.65
22	0.84	329	277	11.8	7.55	41	YES	70	365825.6 24.92
23	0.74	295	218	11.1	7.73	45	YES	80	374193.2 25.49
24	0.69	346	238	11.2	7.68	44	YES	70	384028.8 26.16
25	0.74	316	234	10.5	8.11	54	YES	80	401204.4 27.33
26	1.02	299	305	10.8	7.94	51	YES	80	379478 25.85
27	0.98	371	364	10.1	7.96	54	YES	70	412214.4 28.08
28	0.88	316	278	10.0	8.12	57	YES	80	401498 27.35
29	1	382	382	9.0	8.07	60	YES	70	424986 28.95
30	0.98	396	388	10.1	7.99	54	YES	70	440400 30
31	0.95	375	357	10.6	8.00	52	YES	70	417205.6 28.42

<sup>3</sup> If Cl<sub>2</sub> 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