

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Jan-26**

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	0.03	0.03	0.03	0.03	0.03	OFF	0.03
2	OFF	OFF	OFF	0.03	0.03	0.03	0.06
3	0.04	OFF	OFF	0.03	OFF	OFF	0.11
4	OFF	OFF	OFF	OFF	OFF	0.04	0.07
5	0.04	0.04	0.03	0.03	0.03	0.03	0.04
6	0.03	0.03	0.03	0.03	0.06	0.06	0.10
7	OFF	OFF	OFF	0.03	0.04	0.03	0.08
8	0.03	0.03	0.03	OFF	0.03	0.03	0.04
9	0.03	OFF	0.03	0.03	0.03	OFF	0.04
10	OFF	0.03	OFF	OFF	0.03	OFF	0.04
11	OFF	OFF	0.03	0.03	0.03	0.03	0.04
12	0.03	OFF	OFF	0.03	0.03	0.03	0.03
13	OFF	0.03	0.03	0.03	OFF	OFF	0.04
14	0.03	OFF	OFF	0.03	0.03	OFF	0.03
15	OFF	0.03	OFF	0.03	0.03	0.03	0.06
16	0.03	OFF	OFF	0.03	0.03	OFF	0.03
17	OFF	OFF	0.03	0.03	OFF	0.03	0.03
18	0.03	OFF	OFF	0.03	0.03	0.03	0.03
19	OFF	OFF	0.03	0.03	0.03	OFF	0.03
20	OFF	0.03	OFF	0.03	OFF	OFF	0.03
21	0.03	0.03	OFF	0.03	0.03	OFF	0.03
22	OFF	0.03	OFF	OFF	0.03	OFF	0.03
23	0.03	OFF	OFF	0.03	0.03	0.03	0.03
24	OFF	OFF	0.03	OFF	0.03	0.03	0.03
25	0.03	OFF	OFF	0.03	0.03	0.03	0.03
26	0.03	OFF	OFF	0.03	0.03	OFF	0.03
27	OFF	0.03	0.03	OFF	OFF	0.03	0.03
28	0.03	OFF	OFF	0.03	0.03	OFF	0.03
29	0.03	0.03	OFF	OFF	0.03	0.03	0.03
30	0.03	OFF	OFF	0.03	0.03	OFF	0.03
31	OFF	0.03	OFF	0.03	OFF	0.03	0.03

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: 2/5/26</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:	Jan-26	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	0.96	397	381	10.7	8.12	54	YES	70	441427.6 30.07
2	0.88	334	294	11.6	8.0	49	YES	80	424398.8 28.91
3	0.68	270	184	11.4	8.1	50	YES	90	385643.6 26.27
4	0.67	228	153	11.7	8.04	48	YES	90	325455.6 22.17
5	0.58	240	139	10.6	8.02	51	YES	90	342924.8 23.36
6	0.49	362	177	10.2	7.92	50	YES	70	402085.2 27.39
7	0.85	344	292	10.4	7.97	52	YES	70	382267.2 26.04
8	1.15	331	381	10.0	7.92	54	YES	80	420728.8 28.66
9	1.12	347	388	10.3	7.91	53	YES	80	440400 30
10	1.18	347	409	11.1	8.08	54	YES	80	440400 30
11	1.28	347	444	10.5	8.02	55	YES	80	440400 30
12	1.17	400	468	9.5	7.94	57	YES	70	444804 30.3
13	1.13	347	392	9.5	7.95	57	YES	80	440400 30
14	1.08	347	375	9.1	7.93	57	YES	80	440400 30
15	1.06	299	317	9.1	7.95	58	YES	90	427481.6 29.12
16	1.03	347	357	8.4	8.02	62	YES	80	440400 30
17	1.09	347	378	9.4	8.05	59	YES	80	440400 30
18	1.08	308	333	9.7	8.03	57	YES	90	440400 30
19	1.06	277	294	9.5	8.10	59	YES	100	440400 30
20	0.98	347	340	8.5	8.13	64	YES	80	440400 30
21	1.01	349	352	9.0	8.12	61	YES	80	442748.8 30.16
22	0.99	347	343	8.9	8.17	63	YES	80	440400 30
23	0.97	347	336	9.0	8.18	63	YES	80	440400 30
24	0.98	332	325	9.1	8.12	61	YES	80	421756.4 28.73
25	0.93	239	222	8.5	7.81	56	YES	115	436142.8 29.71
26	0.97	308	299	7.8	8.00	64	YES	90	440400 30
27	0.99	347	343	8.8	7.95	58	YES	80	440400 30
28	0.93	347	323	9.9	7.89	53	YES	80	440400 30
29	0.93	347	323	9.9	7.89	53	YES	80	440400 30
30	0.93	347	323	11.0	8.01	51	YES	80	440400 30
31	0.93	308	287	10.7	7.99	52	YES	90	440400 30

<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