

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Mar-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	OFF	0.03	0.03	OFF	OFF	0.03	0.03	
2	OFF	OFF	OFF	0.03	0.03	OFF	0.03	
3	OFF	0.03	OFF	OFF	OFF	0.03	0.03	
4	OFF	OFF	OFF	0.03	0.03	OFF	0.04	
5	OFF	0.03	OFF	OFF	0.04	0.04	0.05	
6	OFF	OFF	OFF	0.04	OFF	OFF	0.04	
7	0.04	0.04	OFF	0.04	OFF	OFF	0.04	
8	0.03	0.03	OFF	0.04	0.03	0.03	0.04	
9	OFF	OFF	0.03	0.03	OFF	OFF	0.04	
10	0.03	OFF	OFF	0.03	OFF	OFF	0.03	
11	0.03	0.03	OFF	0.03	OFF	0.03	0.03	
12	0.03	OFF	OFF	0.03	OFF	OFF	0.03	
13	0.03	0.03	OFF	0.03	0.03	0.03	0.03	
14	0.03	OFF	OFF	0.03	0.03	OFF	0.03	
15	0.03	0.03	OFF	0.03	OFF	0.04	0.06	
16	OFF	OFF	OFF	0.03	0.03	OFF	0.05	
17	0.03	0.03	OFF	0.03	OFF	OFF	0.05	
18	OFF	OFF	OFF	0.03	0.03	0.03	0.07	
19	0.03	OFF	0.03	0.03	OFF	0.03	0.04	
20	OFF	OFF	OFF	0.03	0.03	OFF	0.06	
21	0.03	0.03	0.03	OFF	0.03	0.03	0.04	
22	OFF	0.03	0.03	0.03	0.03	OFF	0.05	
23	OFF	OFF	0.03	0.03	OFF	0.03	0.03	
24	0.03	OFF	OFF	0.03	OFF	OFF	0.03	
25	OFF	OFF	OFF	0.03	0.03	0.03	0.05	
26	OFF	OFF	0.03	0.04	0.04	0.03	0.04	
27	OFF	OFF	0.03	0.04	OFF	OFF	0.04	
28	0.03	OFF	OFF	0.04	0.04	0.03	0.04	
29	OFF	OFF	0.03	OFF	0.03	0.03	0.04	
30	0.03	0.03	OFF	0.03	OFF	0.03	0.04	
31	0.03	OFF	OFF	0.03	0.03	OFF	0.03	
<b>Conventional or Direct Filtration</b>				<b>Monthly Summary (Answer Yes or No)</b>				
95% of 4-hour turbidity readings ≤ 0.3 NTU?		<b>Yes</b>		CT's met everyday? (see back)		All Cl2 residual at entry point ≥ 0.2 mg/l?		
All 4-hour turbidity readings ≤ 1 NTU?		<b>Yes</b>		<b>Yes</b>		<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:</b> 04/06/26		
				<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:	Mar-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	1.05	347	364	11.5	8.06	51	YES	80	440400 30
2	1.04	347	361	12.0	8.0	48	YES	80	440400 30
3	0.77	308	237	12.1	8.0	47	YES	90	440400 30
4	0.99	396	392	11.6	7.97	49	YES	70	440400 30
5	1.01	337	340	11.5	7.92	48	YES	80	427628.4 29.13
6	0.94	396	373	10.9	8.07	53	YES	70	440400 30
7	0.95	347	329	11.2	8.04	51	YES	80	440400 30
8	0.98	350	343	12.9	8.11	47	YES	80	443923.2 30.24
9	1.03	347	357	11.6	8.02	50	YES	80	440400 30
10	1.03	198	204	11.4	7.99	50	YES	140	440400 30
11	1.03	347	357	11.2	8.02	51	YES	80	440400 30
12	1.07	308	330	10.8	7.97	52	YES	90	440400 30
13	1.08	329	356	11.7	7.96	49	YES	80	418086.4 28.48
14	1.01	350	354	12.7	7.86	44	YES	80	444950.8 30.31
15	1.04	326	339	11.8	8.03	49	YES	85	440400 30
16	1	349	349	12.3	8.09	49	YES	80	443629.6 30.22
17	1.02	347	354	12.8	8.08	47	YES	80	440400 30
18	1	310	310	13.7	8.13	45	YES	90	442161.6 30.12
19	0.95	347	329	13.4	7.99	43	YES	80	440400 30
20	0.95	308	293	14.5	7.89	39	YES	90	440400 30
21	0.97	270	262	14.2	8.01	42	YES	95	407223.2 27.74
22	0.94	306	288	12.1	8.11	49	YES	90	437757.6 29.82
23	0.94	308	290	12.1	8.10	49	YES	90	440400 30
24	0.93	350	325	11.7	8.15	51	YES	80	444216.8 30.26
25	0.97	339	329	13.1	8.08	46	YES	80	430124 29.3
26	0.95	308	293	14.4	8.12	43	YES	90	440400 30
27	0.94	347	326	12.9	8.00	45	YES	80	440400 30
28	0.89	308	274	12.4	8.11	48	YES	90	440400 30
29	0.88	292	257	12.5	8.09	47	YES	90	417058.8 28.41
30	0.87	308	268	12.7	8.10	47	YES	90	440400 30
31	0.95	348	331	12.4	8.13	49	YES	80	442308.4 30.13

<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