

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Jan-21**

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

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)	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: 3 Feb 2021</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-21	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
Daily about 09:30	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.46	1411	649	10.4	7.33	40	YES	20
2	0.46	1413	650	11.0	7.3	37	YES	20
3	0.32	862	276	11.1	7.5	40	YES	30
4	0.44	1411	621	11.5	7.56	40	YES	20
5	0.41	1411	579	11.3	7.33	37	YES	20
6	0.54	941	508	11.3	7.30	37	YES	30
7	0.54	941	508	11.5	7.25	36	YES	30
8	0.52	1306	679	11.2	7.22	37	YES	20
9	0.55	1413	777	10.9	7.24	38	YES	20
10	0.54	1411	762	10.0	7.48	43	YES	20
11	0.48	1411	677	10.9	7.32	38	YES	20
12	0.31	812	252	11.6	7.38	37	YES	30
13	0.24	645	155	OFF	OFF	#VALUE!	#VALUE!	30
14	0.23	570	131	10.9	7.60	41	YES	30
15	0.58	963	559	10.6	7.60	44	YES	20
16	0.6	1257	754	11.6	7.30	37	YES	20
17	0.51	1283	654	11.2	7.28	37	YES	20
18	0.44	929	409	10.9	7.28	38	YES	30
19	0.42	855	359	11.4	7.23	36	YES	30
20	0.41	1212	497	11.6	7.35	37	YES	20
21	0.39	1116	435	9.5	7.35	42	YES	20
22	0.4	772	309	10.2	7.20	38	YES	30
23	0.53	819	434	8.0	7.35	47	YES	30
24	0.55	882	485	8.0	7.24	45	YES	30
25	0.55	1432	787	9.1	7.43	45	YES	20
26	0.49	891	437	8.8	7.32	44	YES	30
27	0.39	941	367	8.2	7.33	46	YES	30
28	0.33	1312	433	10.1	7.58	44	YES	20
29	0.27	724	196	9.8	7.29	40	YES	30
30	0.51	1235	630	9.3	7.42	44	YES	20
31	0.32	941	301	9.5	7.42	43	YES	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