

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**  
 Month/Year: **Feb-21**

Conventional or Direct Filtration

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	OFF	OFF	OFF	OFF	OFF	OFF
2	OFF	OFF	OFF	OFF	OFF	0.04	0.04
3	0.04	0.04	0.05	0.04	0.04	0.04	0.05
4	0.04	0.04	0.04	0.04	0.04	0.03	0.04
5	OFF	OFF	0.04	0.03	OFF	OFF	0.04
6	OFF	OFF	0.09	0.04	0.03	0.04	0.09
7	0.03	0.05	0.04	OFF	0.04	OFF	0.05
8	OFF	0.05	0.05	OFF	0.04	OFF	0.05
9	OFF	0.04	0.04	OFF	OFF	0.04	0.04
10	0.04	0.04	0.04	0.04	OFF	OFF	0.04
11	0.05	OFF	OFF	0.05	OFF	0.05	0.05
12	0.04	OFF	0.06	0.05	OFF	0.05	0.06
13	0.04	OFF	OFF	0.05	OFF	OFF	0.05
14	OFF	OFF	OFF	OFF	OFF	OFF	0.09
15	0.06	0.07	OFF	OFF	OFF	OFF	0.07
16	OFF	OFF	OFF	OFF	OFF	OFF	OFF
17	OFF	OFF	0.05	0.05	0.06	0.05	0.06
18	0.05	0.04	0.05	0.04	0.06	0.05	0.06
19	0.05	0.05	0.05	0.05	0.05	0.05	0.06
20	0.05	0.06	OFF	OFF	0.04	0.05	0.06
21	0.04	OFF	OFF	0.05	0.05	OFF	0.05
22	0.05	OFF	OFF	0.04	OFF	OFF	0.05
23	OFF	0.04	0.04	0.04	0.05	OFF	0.05
24	0.05	OFF	OFF	0.04	OFF	0.04	0.05
25	0.05	0.03	OFF	0.04	OFF	0.04	0.05
26	0.04	OFF	0.04	0.04	0.04	OFF	0.04
27	0.04	OFF	OFF	0.04	0.04	OFF	0.04
28	0.05	OFF	OFF	0.04	0.05	0.05	0.05
29							
30							
31							

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: 3-2-21</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:	Feb-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	0.24	958	230	OFF	OFF	#VALUE!	#VALUE!	20
2	0.22	784	172	9.8	7.4	41	YES	20
3	0.45	887	399	9.4	7.4	43	YES	20
4	0.5	808	404	9.5	7.45	44	YES	30
5	0.35	849	297	10.2	7.33	40	YES	30
6	0.49	810	397	10.4	7.35	40	YES	30
7	0.6	684	410	9.7	7.35	43	YES	40
8	0.59	1413	833	9.6	7.35	43	YES	20
9	0.52	1289	670	9.2	7.34	43	YES	20
10	0.52	905	471	8.7	7.32	45	YES	30
11	0.52	1414	735	9.4	7.32	43	YES	20
12	0.45	941	424	10.5	7.34	40	YES	30
13	0.36	890	320	10.2	7.44	41	YES	30
14	0.33	735	242	10.2	7.37	40	YES	30
15	0.4	722	289	10.2	7.42	41	YES	30
16	0.27	757	204	9.9	7.39	41	YES	20
17	0.26	683	178	10.0	7.44	41	YES	20
18	0.53	833	442	9.7	7.36	42	YES	20
19	0.54	732	395	10.0	7.40	42	YES	30
20	0.56	1335	747	9.6	7.42	44	YES	20
21	0.41	942	386	10.2	7.42	41	YES	30
22	0.45	941	424	10.2	7.60	44	YES	30
23	0.46	943	434	10.4	7.45	41	YES	30
24	0.45	882	397	10.6	7.40	40	YES	30
25	0.47	941	442	9.1	7.46	45	YES	30
26	0.48	1412	678	9.8	7.38	42	YES	20
27	0.48	1412	678	10.0	7.31	41	YES	20
28	0.47	706	332	9.8	7.30	41	YES	40
29		#DIV/0!						
30		#DIV/0!						
31		#DIV/0!						

<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