

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Mar-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 ¹ [NTU]
1	OFF	OFF	0.04	OFF	0.04	0.04	0.04
2	0.04	OFF	0.04	0.05	OFF	0.05	0.05
3	0.04	OFF	0.05	0.04	OFF	0.05	0.05
4	0.05	OFF	0.05	0.04	OFF	0.05	0.05
5	0.05	OFF	OFF	OFF	0.06	0.09	0.09
6	OFF	0.05	0.04	0.04	0.03	0.04	0.05
7	0.04	0.03	0.02	0.03	0.03	0.03	0.04
8	0.04	0.03	0.04	0.04	0.03	0.03	0.04
9	0.03	0.03	0.03	OFF	0.03	0.03	0.03
10	0.03	0.03	0.03	0.03	0.03	0.03	0.03
11	0.03	0.03	0.03	0.03	0.04	0.03	0.04
12	0.03	0.03	0.03	OFF	OFF	OFF	0.03
13	OFF	0.03	0.03	0.03	0.03	0.03	0.03
14	0.03	0.03	0.03	0.03	0.03	OFF	0.03
15	OFF	OFF	OFF	OFF	0.07	OFF	0.07
16	OFF	0.06	0.05	0.05	OFF	0.08	0.08
17	OFF	OFF	0.06	0.06	0.04	0.06	0.06
18	0.07	0.05	0.05	OFF	0.05	OFF	0.07
19	OFF	0.04	0.05	0.04	0.08	0.08	0.08
20	OFF	0.05	0.05	0.05	0.05	0.04	0.05
21	0.04	OFF	OFF	OFF	0.05	0.04	0.05
22	0.05	0.04	OFF	OFF	0.05	0.06	0.06
23	0.06	0.05	OFF	0.04	0.04	0.04	0.06
24	0.03	0.03	0.03	0.06	OFF	0.05	0.06
25	0.04	0.03	0.03	0.04	0.04	0.03	0.04
26	0.05	0.05	0.03	OFF	0.05	0.03	0.05
27	0.03	0.03	0.03	0.03	0.03	0.03	0.03
28	OFF	OFF	OFF	0.03	0.07	0.04	0.07
29	0.03	0.05	0.05	OFF	OFF	OFF	0.05
30	0.03	0.03	0.04	0.05	0.05	0.09	0.09
31	0.03	0.03	0.03	0.04	0.05	0.05	0.05

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

Notes:	PRINTED NAME: Dave Terrusa	
	SIGNATURE: /S/ Dave Terrusa	DATE: 2 Apr 21
	PHONE #: (541) 253-7556	CERT #: 6930

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 2400 through 2000 may not correspond to continuous readings' maximum. ² 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-21	Disinfection <i>Giardia</i> Log Inactive:	1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
Daily about 09:30	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.54	1357	733	9.8	7.30	41	YES	20
2	0.46	1412	650	9.9	7.2	39	YES	20
3	0.43	1411	607	10.3	7.4	41	YES	20
4	0.46	1411	649	9.7	7.55	45	YES	20
5	0.47	1346	632	10.3	7.55	43	YES	20
6	0.51	896	457	9.4	7.33	43	YES	30
7	0.6	909	545	9.9	7.40	43	YES	30
8	0.66	1389	917	9.5	7.36	44	YES	20
9	0.44	880	387	9.2	7.40	44	YES	30
10	0.5	896	448	9.8	7.24	40	YES	30
11	0.48	922	442	10.4	7.33	40	YES	30
12	0.35	807	282	10.3	7.36	40	YES	30
13	0.33	789	260	10.6	7.48	41	YES	30
14	0.46	826	380	9.5	7.30	42	YES	30
15	0.37	528	195	9.6	7.26	40	YES	40
16	0.37	668	247	9.0	7.31	43	YES	30
17	0.41	875	359	9.1	7.50	46	YES	20
18	0.5	842	421	9.7	7.45	44	YES	20
19	0.38	829	315	10.2	7.30	39	YES	20
20	0.39	833	325	10.8	7.47	40	YES	20
21	0.36	818	294	9.8	7.27	40	YES	20
22	0.37	726	269	9.7	7.36	42	YES	20
23	0.54	739	399	10.2	7.27	40	YES	20
24	0.5	759	379	9.7	7.25	41	YES	20
25	0.48	780	374	10.2	7.35	41	YES	20
26	0.45	361	162	10.1	7.36	41	YES	40
27	0.55	499	275	11.8	7.20	35	YES	30
28	0.52	401	208	10.9	7.21	37	YES	40
29	0.48	546	262	11.0	7.33	38	YES	30
30	0.44	449	198	11.0	7.29	38	YES	30
31	0.41	320	131	9.4	7.29	42	YES	40

³ If Cl₂ 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