

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Apr-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	0.05	0.04	0.03	0.05	0.06
2	0.04	0.03	0.03	0.04	0.07	0.06	0.07
3	0.03	0.04	0.03	0.04	0.03	0.03	0.04
4	0.04	0.03	0.02	0.02	0.03	0.03	0.04
5	0.04	0.04	0.03	0.04	0.03	0.03	0.04
6	0.04	0.03	0.03	OFF	0.03	0.04	0.04
7	0.04	0.03	0.03	0.03	0.03	0.04	0.04
8	0.04	0.03	0.03	0.03	0.03	0.03	0.04
9	0.04	0.04	0.03	0.03	0.03	0.04	0.04
10	0.04	0.04	0.03	0.03	0.03	0.03	0.04
11	0.04	0.04	0.03	0.04	0.03	0.03	0.04
12	0.04	0.03	0.03	0.04	OFF	0.07	0.07
13	0.03	0.04	0.03	0.03	0.04	0.04	0.04
14	0.04	0.04	0.03	0.04	0.03	0.04	0.04
15	0.03	0.04	0.03	0.04	0.03	0.03	0.04
16	0.03	0.03	0.03	0.03	0.05	0.04	0.05
17	0.03	0.04	0.04	0.03	0.03	0.03	0.04
18	0.03	0.04	0.03	0.04	0.04	0.03	0.04
19	0.04	0.04	0.03	OFF	0.03	0.03	0.04
20	0.03	0.03	0.03	0.03	0.04	0.03	0.04
21	0.04	0.03	0.03	0.03	0.03	OFF	0.04
22	0.04	0.03	0.03	0.03	OFF	0.04	0.04
23	0.04	0.04	0.03	0.03	0.03	0.03	0.04
24	0.03	0.03	0.02	0.02	0.03	0.03	0.03
25	0.03	0.02	0.03	0.03	0.03	0.04	0.04
26	0.04	OFF	0.04	0.03	OFF	0.08	0.08
27	OFF	OFF	OFF	0.04	0.03	0.04	0.04
28	0.05	0.04	0.04	OFF	OFF	0.04	0.05
29	0.05	OFF	OFF	OFF	OFF	OFF	0.05
30	OFF	OFF	OFF	OFF	OFF	0.07	0.07
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)	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: 5/4/21</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:	Apr-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]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1	0.33	653	215	11.1	7.31	37	YES	20
2	0.41	641	263	10.2	7.5	42	YES	20
3	0.49	690	338	10.7	7.4	40	YES	20
4	0.57	759	433	11.0	7.33	39	YES	20
5	0.55	805	443	11.4	7.40	38	YES	20
6	0.49	805	394	9.6	7.31	42	YES	20
7	0.53	818	434	10.5	7.27	39	YES	20
8	0.45	863	388	9.9	7.32	41	YES	20
9	0.38	605	230	9.9	7.28	40	YES	30
10	0.45	673	303	10.1	7.31	40	YES	30
11	0.49	1131	554	9.5	7.42	44	YES	20
12	0.52	743	386	12.7	7.64	38	YES	30
13	0.44	1211	533	9.4	7.31	42	YES	20
14	0.45	1317	592	10.0	7.30	40	YES	20
15	0.46	1365	628	10.0	7.40	42	YES	20
16	0.57	920	524	10.3	7.27	40	YES	30
17	0.52	1412	734	12.0	7.43	37	YES	20
18	0.5	1411	706	12.9	7.23	32	YES	20
19	0.57	909	518	15.1	7.58	32	YES	30
20	0.59	941	555	12.4	7.44	37	YES	30
21	0.45	706	318	12.2	7.31	35	YES	40
22	0.5	700	350	13.2	7.50	35	YES	40
23	0.46	706	325	12.7	7.37	34	YES	40
24	0.43	941	405	15.1	7.40	29	YES	30
25	0.48	941	452	13.5	7.34	32	YES	30
26	0.38	876	333	12.8	7.43	34	YES	30
27	0.33	823	272	13.1	7.74	38	YES	30
28	0.3	565	169	12.8	7.40	34	YES	40
29	0.28	464	130	14.4	7.88	36	YES	40
30	0.27	332	90	14.7	7.81	35	YES	40
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