

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **May-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	0.11	0.08	0.08	0.07	0.11
2	OFF	OFF	0.07	0.09	0.07	0.09	0.09
3	OFF	OFF	OFF	0.06	0.05	0.07	0.07
4	OFF	OFF	0.05	0.05	0.05	0.06	0.06
5	OFF	OFF	0.05	0.05	0.05	0.05	0.06
6	OFF	OFF	0.06	0.05	0.05	0.05	0.06
7	0.05	0.06	0.06	0.07	0.06	0.07	0.07
8	OFF	OFF	0.08	0.06	0.06	0.07	0.08
9	OFF	OFF	0.07	0.06	0.09	0.09	0.09
10	OFF	OFF	0.08	0.08	0.08	0.09	0.09
11	OFF	OFF	0.07	0.06	0.05	0.06	0.06
12	OFF	OFF	OFF	0.06	0.07	0.06	0.07
13	0.05	0.08	OFF	OFF	OFF	OFF	0.08
14	OFF	OFF	OFF	OFF	0.04	0.07	0.07
15	OFF	OFF	OFF	OFF	OFF	0.05	0.05
16	0.05	0.05	0.05	0.05	0.07	0.06	0.07
17	0.07	0.06	0.10	0.07	0.07	0.09	0.10
18	0.09	OFF	OFF	0.05	0.04	0.04	0.09
19	0.04	0.04	0.04	OFF	0.05	0.04	0.05
20	0.05	OFF	OFF	0.05	OFF	0.05	0.05
21	OFF	OFF	0.05	0.06	0.07	0.05	0.07
22	OFF	0.06	OFF	OFF	OFF	OFF	0.06
23	0.05	OFF	0.12	0.05	0.04	0.04	0.12
24	OFF	0.05	OFF	0.04	OFF	0.04	0.05
25	OFF	0.04	0.04	OFF	OFF	0.04	0.04
26	OFF	OFF	0.05	OFF	0.05	0.04	0.05
27	0.04	OFF	0.04	0.05	0.05	OFF	0.05
28	OFF	OFF	0.05	OFF	0.04	0.06	0.06
29	OFF	0.04	OFF	0.04	OFF	0.04	0.04
30	OFF	OFF	0.04	0.04	OFF	0.04	0.04
31	0.04	OFF	0.04	OFF	0.04	0.04	0.04

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: 6/1/2021
	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:	May-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	0.41	227	93	14.8	7.38	30	YES	50
2	0.4	219	88	14.8	7.3	29	YES	50
3	0.36	204	74	14.6	7.5	32	YES	50
4	0.39	204	80	15.6	7.53	30	YES	50
5	0.44	213	94	17.2	7.61	28	YES	50
6	0.41	224	92	15.8	7.46	29	YES	50
7	0.4	307	123	14.6	7.42	31	YES	50
8	0.36	319	115	14.6	7.44	31	YES	50
9	0.45	321	144	15.0	7.35	29	YES	50
10	0.33	323	107	15.1	7.42	29	YES	50
11	0.31	334	103	17.9	7.34	24	YES	50
12	0.35	298	104	17.4	7.43	25	YES	60
13	0.52	327	170	16.9	7.46	27	YES	60
14	0.35	394	138	16.4	7.50	28	YES	40
15	0.31	235	73	18.4	7.67	26	YES	60
16	0.56	281	157	16.2	7.31	27	YES	60
17	0.5	454	227	17.7	7.46	25	YES	50
18	0.46	557	256	17.2	7.48	26	YES	40
19	0.44	643	283	16.4	7.33	26	YES	40
20	0.38	716	272	15.7	7.39	28	YES	40
21	0.42	706	296	14.8	7.54	32	YES	40
22	0.4	470	188	14.6	7.73	34	YES	60
23	0.38	464	176	16.1	7.31	26	YES	60
24	0.39	441	172	17.1	7.41	26	YES	60
25	0.42	706	296	17.3	7.34	25	YES	40
26	0.42	706	296	15.8	7.42	28	YES	40
27	0.41	705	289	17.8	7.45	25	YES	40
28	0.39	565	220	16.6	7.44	27	YES	50
29	0.38	470	179	17.9	7.71	27	YES	60
30	0.42	705	296	16.5	7.32	26	YES	40
31	0.28	496	139	18.2	7.34	23	YES	50

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