

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Jun-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	0.06	0.04	0.04	0.04	OFF	0.06
2	0.04	OFF	0.04	0.04	0.04	0.04	0.04
3	OFF	0.09	OFF	OFF	0.04	0.04	0.09
4	0.04	OFF	0.06	0.05	0.05	OFF	0.06
5	0.07	OFF	OFF	OFF	OFF	OFF	0.07
6	OFF	OFF	0.05	0.05	0.04	0.04	0.05
7	0.04	0.05	0.05	OFF	0.07	0.06	0.07
8	OFF	OFF	OFF	0.05	0.05	0.06	0.06
9	OFF	OFF	0.07	OFF	OFF	OFF	0.07
10	0.08	OFF	OFF	0.04	0.04	0.04	0.08
11	0.04	0.04	0.04	0.04	0.04	OFF	0.04
12	OFF	OFF	OFF	0.05	0.05	OFF	0.05
13	0.04	OFF	0.05	0.04	0.04	OFF	0.05
14	0.04	OFF	0.04	OFF	OFF	OFF	0.04
15	OFF	0.05	0.05	0.05	0.05	0.05	0.05
16	OFF	OFF	OFF	0.05	0.05	0.05	0.05
17	OFF	OFF	0.04	OFF	OFF	0.05	0.05
18	0.05	0.04	OFF	0.05	0.04	0.05	0.05
19	0.05	OFF	OFF	0.05	0.05	OFF	0.05
20	0.04	OFF	0.04	0.04	OFF	0.04	0.04
21	0.04	OFF	0.04	0.04	OFF	0.04	0.04
22	0.04	0.04	0.04	0.04	OFF	0.04	0.04
23	0.04	OFF	0.05	0.05	0.06	0.05	0.06
24	0.05	OFF	0.05	0.05	0.05	0.05	0.05
25	0.05	0.05	0.05	0.05	0.05	0.05	0.05
26	0.05	0.05	0.05	0.05	0.05	0.05	0.05
27	0.04	0.04	0.04	0.05	0.05	0.05	0.05
28	0.05	0.05	0.05	OFF	OFF	0.05	0.05
29	0.05	0.05	0.05	0.05	0.05	0.05	0.05
30	0.05	0.04	0.04	0.04	0.04	0.04	0.05
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: 7/6/2021</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:	Jun-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	0.53	436	231	18.9	7.21	21	YES	60
2	0.51	471	240	20.3	7.3	20	YES	60
3	0.45	440	198	21.1	7.3	19	YES	60
4	0.41	471	193	21.2	7.27	19	YES	60
5	0.35	451	158	20.8	7.93	24	YES	50
6	0.3	301	90	18.8	7.31	22	YES	70
7	0.49	476	233	17.7	7.26	24	YES	50
8	0.32	530	170	17.4	7.29	24	YES	50
9	0.34	244	83	16.8	7.68	29	YES	90
10	0.3	526	158	17.3	7.72	28	YES	40
11	0.46	821	377	16.5	7.47	28	YES	30
12	0.43	706	303	16.6	7.62	29	YES	40
13	0.39	941	367	17.8	7.36	24	YES	30
14	0.4	806	322	17.1	7.30	25	YES	30
15	0.34	801	272	14.9	7.27	28	YES	30
16	0.44	547	241	16.2	7.34	27	YES	50
17	0.4	615	246	18.6	7.26	22	YES	40
18	0.37	519	192	18.9	7.27	22	YES	50
19	0.42	403	169	19.3	7.74	25	YES	70
20	0.46	565	260	19.4	7.23	21	YES	50
21	0.52	367	191	21.0	7.25	19	YES	70
22	0.5	447	224	21.5	7.29	18	YES	60
23	0.37	249	92	21.4	7.25	18	YES	110
24	0.39	273	107	20.8	7.58	21	YES	90
25	0.54	256	138	21.6	7.42	19	YES	100
26	0.55	268	147	22.6	7.44	18	YES	100
27	0.57	160	91	23.6	7.37	17	YES	160
28	0.29	145	42	24.5	7.32	15	YES	140
29	0.56	148	83	23.6	7.22	16	YES	140
30	0.68	192	130	23.2	7.47	18	YES	120
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