

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

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

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: 8/2/2021</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:	Jul-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	0.58	228	132	21.7	7.28	18	YES	110
2	0.57	300	171	22.2	7.2	17	YES	90
3	0.44	353	155	22.5	7.2	17	YES	80
4	0.54	314	169	22.1	7.30	18	YES	90
5	0.51	287	146	21.7	7.28	18	YES	90
6	0.54	241	130	22.6	7.20	17	YES	110
7	0.5	353	177	22.3	7.23	17	YES	80
8	0.57	314	179	22.5	7.25	17	YES	80
9	0.51	331	169	21.2	7.27	19	YES	80
10	0.42	273	115	21.9	7.45	19	YES	100
11	0.44	353	155	22.0	7.38	18	YES	80
12	0.44	256	112	21.1	7.22	18	YES	100
13	0.4	290	116	21.3	7.29	19	YES	90
14	0.29	209	61	21.3	7.39	19	YES	120
15	0.36	238	86	20.7	7.84	24	YES	90
16	0.5	299	150	21.4	8.09	25	YES	80
17	0.47	353	166	20.4	7.90	25	YES	80
18	0.39	182	71	20.5	7.88	24	YES	130
19	0.54	188	102	21.2	7.82	23	YES	130
20	0.61	377	230	21.5	7.67	22	YES	70
21	0.53	252	134	21.0	7.52	21	YES	110
22	0.43	284	122	19.9	7.54	22	YES	90
23	0.61	317	193	20.6	7.53	22	YES	80
24	0.34	199	68	OFF	OFF	#VALUE!	#VALUE!	80
25	0.49	129	63	20.1	7.73	24	YES	100
26	0.58	173	101	21.8	7.55	20	YES	80
27	0.53	129	69	22.3	7.65	20	YES	130
28	0.62	136	85	22.0	7.59	20	YES	130
29	0.59	162	95	21.8	7.58	20	YES	130
30	0.39	323	126	22.2	7.59	19	YES	70
31	0.54	272	147	22.6	7.67	20	YES	90

<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