

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Aug-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	0.05	0.05	OFF	0.05	0.05	0.05	0.05
2	0.05	OFF	0.05	0.05	0.05	0.05	0.05
3	0.05	0.05	OFF	0.06	0.05	0.05	0.06
4	OFF	0.05	OFF	0.05	0.05	0.05	0.05
5	0.05	OFF	0.05	0.05	0.05	0.05	0.05
6	0.05	OFF	0.05	0.06	0.05	0.05	0.06
7	0.05	OFF	0.05	0.05	0.05	0.05	0.05
8	0.05	OFF	0.05	0.05	0.05	0.05	0.05
9	0.05	OFF	0.05	OFF	0.06	0.05	0.06
10	0.05	0.05	0.05	0.06	0.05	0.05	0.06
11	0.05	OFF	OFF	0.05	0.05	0.05	0.05
12	0.05	OFF	0.05	OFF	OFF	0.06	0.06
13	0.06	0.06	0.06	0.07	0.06	OFF	0.07
14	0.05	OFF	0.07	0.06	OFF	0.05	0.07
15	OFF	OFF	0.06	0.06	0.06	0.05	0.06
16	0.05	OFF	0.08	OFF	OFF	0.07	0.08
17	0.06	0.06	0.06	OFF	0.06	0.06	0.06
18	OFF	OFF	0.06	0.06	0.06	0.06	0.06
19	0.05	OFF	0.06	0.06	0.06	OFF	0.06
20	0.06	OFF	0.07	OFF	0.07	0.06	0.07
21	0.06	0.06	OFF	0.06	0.06	OFF	0.06
22	0.06	OFF	0.08	0.06	0.06	0.06	0.08
23	OFF	OFF	0.06	0.07	0.06	0.05	0.07
24	OFF	OFF	0.05	OFF	0.06	0.06	0.06
25	0.06	0.05	0.07	0.06	0.06	0.05	0.07
26	OFF	OFF	0.05	0.06	0.06	0.06	0.06
27	0.06	0.06	0.06	0.06	0.05	0.05	0.06
28	0.05	0.05	0.05	0.06	0.07	0.06	0.07
29	0.06	0.06	OFF	0.06	0.06	0.08	0.08
30	OFF	OFF	0.06	0.05	0.05	0.05	0.06
31	OFF	OFF	0.05	0.05	OFF	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: 9/7/2021
	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:	Aug-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	0.45	277	124	22.4	7.59	19	YES	100
2	0.4	333	133	22.0	7.7	21	YES	80
3	0.39	314	122	22.0	7.8	21	YES	90
4	0.44	282	124	21.3	7.64	21	YES	100
5	0.44	353	155	21.3	7.78	22	YES	80
6	0.4	329	132	20.8	7.70	22	YES	80
7	0.44	353	155	20.9	7.58	21	YES	80
8	0.43	314	135	22.2	7.78	21	YES	90
9	0.42	219	92	21.6	7.65	21	YES	110
10	0.54	179	97	21.1	7.82	23	YES	140
11	0.4	217	87	20.9	7.71	22	YES	130
12	0.41	342	140	21.4	7.37	19	YES	70
13	0.49	360	177	22.5	7.75	21	YES	70
14	0.48	403	194	21.9	7.53	20	YES	70
15	0.53	284	151	21.9	7.62	20	YES	100
16	0.28	506	142	22.4	7.74	20	YES	50
17	0.54	434	234	22.4	7.68	20	YES	60
18	0.43	353	152	21.3	7.77	22	YES	80
19	0.44	353	155	21.0	7.91	24	YES	80
20	0.37	512	189	21.5	7.82	22	YES	50
21	0.44	403	177	22.0	7.70	21	YES	70
22	0.38	471	179	21.2	7.68	22	YES	60
23	0.38	278	106	19.9	7.87	25	YES	100
24	0.31	315	98	19.2	7.77	25	YES	80
25	0.58	280	163	19.2	7.74	26	YES	100
26	0.43	314	135	19.2	7.91	27	YES	90
27	0.31	319	99	20.6	7.77	23	YES	70
28	0.63	414	261	20.7	7.82	24	YES	60
29	0.44	470	207	20.0	7.61	23	YES	60
30	0.47	255	120	20.3	7.69	23	YES	110
31	0.39	335	131	19.1	7.82	26	YES	80

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