

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Dec-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	0.05	OFF	OFF	0.05	OFF	OFF	0.05
2	0.05	OFF	0.05	0.05	OFF	0.05	0.05
3	0.05	OFF	OFF	0.05	0.05	0.05	0.05
4	0.04	OFF	OFF	0.04	0.04	0.05	0.05
5	OFF	OFF	0.05	OFF	0.04	0.05	0.05
6	OFF	OFF	0.04	0.05	OFF	0.04	0.05
7	OFF	OFF	0.04	OFF	0.04	0.04	0.04
8	OFF	0.04	OFF	0.05	OFF	0.05	0.05
9	0.05	0.05	OFF	0.05	OFF	0.05	0.05
10	0.05	OFF	0.05	0.05	OFF	0.04	0.05
11	OFF	OFF	0.04	0.04	OFF	0.05	0.05
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF
13	OFF	OFF	OFF	OFF	OFF	OFF	0.08
14	0.06	0.05	0.05	0.05	OFF	0.05	0.06
15	0.05	0.04	OFF	OFF	0.05	0.05	0.05
16	OFF	0.06	OFF	0.05	0.05	OFF	0.06
17	0.09	OFF	OFF	0.05	OFF	0.06	0.09
18	0.05	OFF	0.05	0.05	OFF	0.04	0.05
19	0.04	OFF	OFF	0.04	0.05	OFF	0.05
20	OFF	0.04	OFF	OFF	0.04	OFF	0.04
21	OFF	0.04	OFF	OFF	0.05	OFF	0.05
22	OFF	0.04	OFF	OFF	OFF	0.04	0.04
23	0.04	OFF	OFF	0.04	OFF	0.05	0.05
24	OFF	OFF	0.04	OFF	0.04	OFF	0.04
25	0.05	OFF	OFF	0.05	OFF	OFF	0.05
26	OFF	OFF	OFF	OFF	OFF	OFF	OFF
27	OFF	OFF	OFF	0.06	0.05	0.04	0.06
28	0.04	0.04	0.04	OFF	0.04	0.05	0.05
29	0.05	0.05	OFF	0.07	0.04	OFF	0.07
30	0.06	OFF	OFF	0.05	OFF	0.05	0.06
31	OFF	OFF	0.04	0.04	OFF	0.05	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: JS/ Dave Terrusa</b>	<b>DATE: 5/22/2022</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:	Dec-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	Minimum Res. Level
Daily about 09:30	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]	formula Feet
1	0.64	941	602	10.6	7.48	42	YES	30	448033.6 30.52
2	0.62	706	438	11.1	7.8	46	YES	40	448033.6 30.52
3	0.69	1366	943	11.2	7.8	46	YES	20	433647.2 29.54
4	0.66	137	91	10.7	7.81	47	YES	200	436142.8 29.71
5	0.66	941	621	10.5	7.83	48	YES	30	447886.8 30.51
6	0.68	941	640	10.4	7.71	46	YES	30	447886.8 30.51
7	0.65	1411	917	10.9	7.45	41	YES	20	448033.6 30.52
8	0.65	1315	855	10.6	7.56	43	YES	20	417352.4 28.43
9	0.67	1411	946	10.5	7.44	42	YES	20	448033.6 30.52
10	0.56	1411	790	9.5	7.51	45	YES	20	448033.6 30.52
11	0.56	1129	632	9.4	7.39	44	YES	25	448033.6 30.52
12	0.36	1234	444	9.6	7.26	40	YES	20	391662.4 26.68
13	0.31	715	222	10.6	7.52	41	YES	30	340576 23.2
14	0.55	1169	643	9.1	7.59	48	YES	20	371257.2 25.29
15	0.68	1377	936	9.4	7.22	42	YES	20	437170.4 29.78
16	0.65	1411	917	10.2	7.34	41	YES	20	448033.6 30.52
17	0.64	1411	903	10.4	7.27	40	YES	20	448033.6 30.52
18	0.7	902	632	9.9	7.39	43	YES	30	429683.6 29.27
19	0.72	711	512	10.4	7.26	40	YES	40	451703.6 30.77
20	0.64	1411	903	10.8	7.27	39	YES	20	448033.6 30.52
21	0.65	1129	734	11.0	7.28	38	YES	25	448033.6 30.52
22	0.63	880	554	10.6	7.28	39	YES	30	419114 28.55
23	0.61	1129	689	10.4	7.46	42	YES	25	448033.6 30.52
24	0.55	705	388	10.1	7.32	41	YES	40	447886.8 30.51
25	0.62	1411	875	9.9	7.27	41	YES	20	448033.6 30.52
26	0.5	205	103	9.1	7.33	43	YES	120	391222 26.65
27	0.48	1107	531	10.8	7.57	42	YES	20	351292.4 23.93
28	0.67	1237	829	8.2	7.29	46	YES	20	392836.8 26.76
29	0.6	912	547	9.1	7.56	48	YES	30	434381.2 29.59
30	0.6	1129	677	9.1	7.27	43	YES	25	448033.6 30.52
31	0.64	1129	722	8.7	7.33	45	YES	25	447886.8 30.51

<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