

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Jan-22**

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

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: 2/6/22
	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:	Jan-22	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	0.66	444	293	9.3	7.36	44	YES	60
2	0.7	941	659	7.8	7.4	50	YES	30
3	OFF	#VALUE!	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
4	0.55	732	403	8.8	7.38	45	YES	30
5	0.49	773	379	9.7	7.39	43	YES	35
6	0.55	664	365	10.3	7.23	39	YES	40
7	0.51	706	360	10.7	7.26	38	YES	40
8	0.48	1129	542	11.8	7.22	35	YES	25
9	0.51	941	480	9.8	7.40	43	YES	30
10	0.5	1085	543	9.3	7.52	46	YES	25
11	0.57	1129	644	10.2	7.41	42	YES	25
12	0.56	1411	790	10.7	7.48	41	YES	20
13	0.59	403	238	10.7	7.51	42	YES	70
14	0.58	1411	819	11.7	7.47	39	YES	20
15	0.6	806	484	10.3	7.46	42	YES	35
16	0.62	1411	875	9.4	7.42	45	YES	20
17	0.64	1032	661	9.7	7.41	44	YES	25
18	0.67	706	473	9.5	7.32	43	YES	40
19	0.65	806	524	10.2	7.41	42	YES	35
20	0.5	941	470	11.0	7.54	41	YES	30
21	0.42	857	360	11.1	7.39	39	YES	30
22	0.49	1136	557	10.0	7.28	40	YES	25
23	0.47	941	442	9.7	7.40	43	YES	30
24	0.53	1411	748	9.2	7.32	43	YES	20
25	0.61	862	526	9.0	7.22	43	YES	30
26	0.56	1129	632	9.1	7.43	45	YES	25
27	0.53	1129	598	9.2	7.43	45	YES	25
28	0.55	1310	720	7.8	7.28	47	YES	20
29	0.54	806	435	8.2	7.34	46	YES	35
30	0.56	1411	790	8.5	7.37	46	YES	20
31	0.56	1286	720	8.8	7.34	45	YES	20

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