

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Feb-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	0.04	0.04	OFF	OFF	OFF	0.04	0.04
2	0.04	0.04	0.04	0.04	OFF	0.04	0.04
3	OFF	OFF	0.04	0.04	OFF	0.04	0.04
4	OFF	OFF	OFF	0.04	0.04	0.04	0.04
5	OFF	0.04	OFF	0.05	0.04	0.04	0.05
6	0.04	OFF	OFF	0.04	0.04	OFF	0.04
7	0.04	OFF	OFF	0.04	OFF	OFF	0.04
8	0.04	OFF	0.12	0.04	OFF	0.04	0.12
9	OFF	OFF	0.04	OFF	0.04	0.04	0.04
10	0.04	0.04	OFF	OFF	0.05	0.04	0.05
11	OFF	OFF	0.04	OFF	0.04	OFF	0.04
12	OFF	0.04	OFF	0.04	OFF	0.04	0.04
13	OFF	OFF	0.04	OFF	0.04	0.04	0.04
14	0.04	OFF	OFF	0.04	OFF	0.04	0.04
15	0.04	OFF	0.06	0.04	OFF	0.12	0.12
16	OFF	OFF	0.09	0.06	0.04	0.04	0.09
17	OFF	OFF	0.04	0.04	0.04	0.04	0.04
18	0.04	OFF	OFF	0.04	OFF	0.04	0.04
19	0.04	OFF	0.08	0.04	OFF	OFF	0.08
20	OFF	0.04	OFF	0.04	0.04	OFF	0.04
21	0.04	OFF	OFF	0.04	OFF	OFF	0.04
22	0.04	OFF	OFF	OFF	0.05	0.05	0.05
23	0.05	0.05	OFF	0.05	0.04	0.05	0.05
24	OFF	0.04	0.05	OFF	0.04	0.04	0.05
25	OFF	0.04	0.04	0.05	0.04	0.04	0.05
26	0.04	0.04	OFF	0.05	0.04	0.04	0.05
27	OFF	0.04	OFF	0.04	0.04	OFF	0.04
28	0.04	OFF	0.04	0.05	0.07	OFF	0.07
29							
30							
31							

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: 3/2/22
	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:	Feb-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	0.56	1015	568	9.7	7.31	42	YES	25
2	0.49	1070	524	8.3	7.5	48	YES	25
3	0.5	941	470	9.7	7.4	42	YES	30
4	0.5	917	458	9.1	7.65	49	YES	30
5	0.5	883	441	9.6	7.67	47	YES	30
6	0.47	941	442	8.7	7.65	50	YES	30
7	0.48	1129	542	8.8	7.66	50	YES	25
8	0.47	941	442	9.4	7.47	45	YES	30
9	0.45	846	381	9.4	7.58	46	YES	30
10	0.5	692	346	9.3	7.49	45	YES	40
11	0.47	706	332	10.4	7.63	44	YES	40
12	0.48	718	345	8.7	7.59	49	YES	40
13	0.47	653	307	9.9	7.60	45	YES	40
14	0.49	941	461	10.1	7.66	46	YES	30
15	0.47	1412	664	10.4	7.71	45	YES	20
16	0.44	455	200	10.3	7.67	45	YES	60
17	0.45	1060	477	12.1	7.52	38	YES	25
18	0.56	1129	632	10.2	7.45	42	YES	25
19	0.54	1411	762	10.2	7.45	42	YES	20
20	0.55	1411	776	9.3	7.42	44	YES	20
21	0.53	1410	748	9.8	7.37	42	YES	20
22	0.48	1019	489	10.4	7.40	41	YES	25
23	0.46	309	142	8.0	7.47	49	YES	90
24	0.46	806	371	8.3	7.58	50	YES	35
25	0.47	889	418	8.3	7.58	50	YES	30
26	0.49	1129	553	7.6	7.58	52	YES	25
27	0.57	941	536	7.6	7.60	53	YES	30
28	0.46	841	387	9.2	7.53	46	YES	30
29		#DIV/0!						
30		#DIV/0!						
31		#DIV/0!						

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