

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Mar-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	OFF	OFF	0.05	0.05	0.05
2	0.05	0.05	0.05	0.05	0.05	0.05	0.05
3	0.06	OFF	0.08	0.06	OFF	0.05	0.08
4	OFF	OFF	0.05	OFF	0.05	OFF	0.05
5	OFF	0.05	OFF	0.04	0.04	0.04	0.05
6	0.04	OFF	OFF	0.04	0.04	OFF	0.44
7	0.04	OFF	0.05	0.04	OFF	OFF	0.05
8	0.04	OFF	0.04	0.05	0.04	OFF	0.05
9	0.04	OFF	OFF	0.04	OFF	OFF	0.04
10	0.04	OFF	0.04	0.04	0.04	0.04	0.04
11	0.04	OFF	OFF	0.04	OFF	0.04	0.04
12	OFF	OFF	0.04	0.04	OFF	0.04	0.04
13	OFF	OFF	OFF	0.04	OFF	0.05	0.05
14	0.05	OFF	0.05	OFF	0.05	0.05	0.05
15	0.04	OFF	OFF	0.05	OFF	0.05	0.05
16	OFF	OFF	0.05	OFF	0.04	OFF	0.05
17	OFF	0.04	OFF	0.04	OFF	0.04	0.04
18	OFF	OFF	0.04	OFF	0.04	0.04	0.04
19	OFF	OFF	0.04	OFF	0.04	0.04	0.04
20	0.04	OFF	OFF	0.05	0.04	OFF	0.05
21	0.04	OFF	OFF	0.04	0.04	0.04	0.04
22	OFF	0.05	0.04	0.06	0.04	0.04	0.06
23	OFF	0.05	OFF	OFF	0.04	0.04	0.05
24	0.04	OFF	OFF	0.04	OFF	0.04	0.04
25	OFF	OFF	0.05	0.04	OFF	OFF	0.05
26	0.05	OFF	OFF	0.04	OFF	OFF	0.05
27	0.04	OFF	OFF	OFF	0.04	0.04	0.04
28	0.04	0.04	0.04	OFF	0.04	OFF	0.04
29	OFF	0.04	OFF	OFF	0.04	0.04	0.04
30	OFF	OFF	0.04	0.04	OFF	0.04	0.04
31	OFF	OFF	0.05	OFF	0.04	0.04	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: 4/4/22
	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:	Mar-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	0.39	725	283	10.6	7.50	41	YES	30
2	0.59	794	469	10.3	7.5	43	YES	30
3	0.46	806	371	10.4	7.5	42	YES	35
4	0.51	941	480	9.9	7.43	43	YES	30
5	0.64	879	563	10.3	7.42	42	YES	30
6	0.66	806	532	9.9	7.46	44	YES	35
7	0.7	941	658	10.3	7.48	43	YES	30
8	0.7	1129	790	10.3	7.40	42	YES	25
9	0.7	1129	790	10.2	7.38	42	YES	25
10	0.7	657	460	10.5	7.46	42	YES	40
11	0.69	1129	779	9.4	7.57	47	YES	25
12	0.6	565	339	10.1	7.51	44	YES	50
13	0.62	941	583	9.9	7.35	42	YES	30
14	0.55	1314	723	9.7	7.44	44	YES	20
15	0.55	1411	776	10.4	7.40	41	YES	20
16	0.53	941	499	11.4	7.41	39	YES	30
17	0.65	1411	917	10.9	7.47	41	YES	20
18	0.61	921	562	11.2	7.49	41	YES	30
19	0.6	1071	643	10.5	7.46	42	YES	25
20	0.56	1129	632	10.6	7.48	42	YES	25
21	0.56	941	527	10.7	7.51	42	YES	30
22	0.56	353	198	11.4	7.50	40	YES	80
23	0.55	878	483	12.2	7.71	41	YES	30
24	0.53	941	499	12.0	7.68	41	YES	30
25	0.54	916	494	12.6	7.75	40	YES	30
26	0.46	806	371	12.3	7.87	42	YES	35
27	0.49	733	359	13.0	7.64	37	YES	35
28	0.6	917	550	12.5	7.52	37	YES	30
29	0.6	706	423	13.2	7.57	36	YES	40
30	0.56	941	527	13.2	7.62	37	YES	30
31	0.49	731	358	12.9	7.60	37	YES	35

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