

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**  
 Month/Year: **Apr-22**

Conventional or Direct Filtration

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

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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<b>Yes</b>	<b>Yes</b>	<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: /S/ Dave Terrusa</b>	<b>DATE: 5/3/22</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:	Apr-22	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
Daily about 09:30	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.56	696	390	11.6	7.65	41	YES	40
2	0.54	941	508	11.8	7.7	41	YES	30
3	0.56	806	452	12.4	7.7	39	YES	35
4	0.53	1317	698	12.2	7.46	37	YES	20
5	0.44	941	414	12.1	7.67	40	YES	30
6	0.42	1129	474	11.8	7.59	39	YES	25
7	0.45	706	318	11.9	7.62	40	YES	40
8	0.43	631	271	13.3	7.56	35	YES	40
9	0.43	941	405	11.5	7.62	41	YES	30
10	0.59	806	476	11.9	7.64	41	YES	35
11	0.5	1051	525	11.7	7.55	40	YES	25
12	0.44	706	310	9.5	7.51	45	YES	40
13	0.42	627	263	10.6	7.51	42	YES	45
14	0.44	1128	496	10.5	7.49	42	YES	25
15	0.52	337	175	10.2	7.51	43	YES	80
16	0.51	1129	576	10.4	7.50	42	YES	25
17	0.6	941	565	10.8	7.50	42	YES	30
18	0.63	1411	889	10.8	7.52	42	YES	20
19	0.4	1251	501	11.4	7.35	37	YES	20
20	0.46	975	449	10.7	7.35	39	YES	25
21	0.49	800	392	9.9	7.58	45	YES	30
22	0.51	806	411	10.3	7.60	44	YES	35
23	0.55	674	371	10.9	7.55	42	YES	40
24	0.58	806	468	11.0	7.49	41	YES	35
25	0.58	941	546	11.7	7.45	39	YES	30
26	0.57	705	402	11.0	7.59	42	YES	40
27	0.5	640	320	10.8	7.56	42	YES	40
28	0.56	786	440	10.7	7.50	42	YES	35
29	0.65	941	612	10.9	7.63	44	YES	30
30	0.64	843	539	11.5	7.76	44	YES	30
31		#DIV/0!						

<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