

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **May-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	0.05	0.05	0.05	0.05	0.04	OFF	0.05
2	0.04	OFF	0.05	0.05	0.05	0.05	0.05
3	0.05	0.05	OFF	0.05	OFF	0.05	0.05
4	OFF	OFF	0.05	0.05	OFF	0.04	0.05
5	OFF	OFF	0.04	0.04	0.04	OFF	0.04
6	0.04	OFF	0.04	OFF	0.05	0.04	0.05
7	0.04	0.05	OFF	0.05	0.05	OFF	0.05
8	0.05	OFF	0.05	0.05	OFF	0.04	0.05
9	OFF	OFF	0.05	OFF	OFF	OFF	0.05
10	0.04	0.04	0.04	0.04	0.04	0.04	0.04
11	0.04	OFF	0.04	0.04	OFF	0.04	0.04
12	OFF	OFF	0.04	OFF	0.04	0.04	0.04
13	OFF	0.04	OFF	0.04	OFF	OFF	0.04
14	OFF	OFF	OFF	0.04	0.04	0.05	0.05
15	OFF	OFF	OFF	0.04	0.04	OFF	0.04
16	0.04	0.04	0.04	0.04	0.04	0.04	0.04
17	0.04	0.04	0.04	OFF	0.05	0.04	0.05
18	OFF	OFF	0.04	OFF	0.04	0.04	0.04
19	OFF	0.04	0.04	OFF	0.04	0.04	0.04
20	0.04	0.04	OFF	0.04	0.04	OFF	0.04
21	0.04	OFF	0.07	OFF	OFF	OFF	0.07
22	0.04	0.04	0.04	0.04	OFF	0.04	0.04
23	0.04	OFF	0.04	0.04	OFF	0.04	0.04
24	0.04	0.04	0.04	0.04	OFF	0.04	0.04
25	0.04	OFF	0.04	0.04	0.04	OFF	0.04
26	0.04	0.04	OFF	0.05	0.04	0.04	0.05
27	OFF	0.04	OFF	0.04	0.04	0.04	0.04
28	0.04	0.04	OFF	0.04	OFF	0.04	0.04
29	0.04	OFF	OFF	0.04	0.04	OFF	0.04
30	0.04	OFF	OFF	0.04	0.04	0.04	0.04
31	OFF	0.04	OFF	OFF	0.04	0.05	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: 6/5/2022
	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:	May-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	0.62	941	583	12.8	7.73	40	YES	30
2	0.53	941	499	11.8	7.7	41	YES	30
3	0.56	741	415	11.3	7.5	40	YES	35
4	0.52	806	419	11.7	7.61	40	YES	35
5	0.56	706	395	12.3	7.51	38	YES	40
6	0.5	710	355	12.0	7.35	36	YES	35
7	0.57	680	387	11.1	7.37	39	YES	40
8	0.51	941	480	10.6	7.34	40	YES	30
9	0.5	880	440	12.5	7.70	39	YES	30
10	0.55	1073	590	10.6	7.46	41	YES	25
11	0.6	1411	847	10.6	7.23	38	YES	20
12	0.61	806	492	10.8	7.32	39	YES	35
13	0.5	898	449	10.8	7.34	39	YES	30
14	0.48	829	398	12.1	7.41	37	YES	30
15	0.46	449	207	12.3	7.77	41	YES	50
16	0.51	655	334	12.8	7.46	35	YES	35
17	0.48	692	332	11.5	7.57	40	YES	40
18	0.48	705	338	13.2	7.34	33	YES	40
19	0.5	879	440	12.6	7.55	37	YES	30
20	0.48	706	339	12.4	7.57	38	YES	40
21	0.5	705	353	12.6	7.55	37	YES	40
22	0.54	706	381	13.0	7.70	38	YES	40
23	0.53	574	304	13.7	7.69	36	YES	45
24	0.64	606	388	14.0	7.51	34	YES	45
25	0.58	705	409	14.7	7.46	31	YES	40
26	0.6	710	426	15.4	7.48	30	YES	40
27	0.59	662	390	15.2	7.56	32	YES	40
28	0.62	941	584	14.3	7.53	33	YES	30
29	0.6	941	565	13.7	7.75	37	YES	30
30	0.54	806	435	12.5	7.73	40	YES	35
31	0.48	645	310	13.2	7.65	37	YES	40

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