

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Sep-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	0.07	OFF	0.07	0.06	0.06	OFF	0.07
2	0.06	OFF	0.07	OFF	0.07	0.06	0.07
3	0.06	0.06	OFF	0.06	0.06	0.06	0.06
4	OFF	0.06	OFF	0.06	0.06	OFF	0.06
5	0.06	OFF	0.05	OFF	0.06	0.06	0.06
6	0.05	OFF	0.05	0.06	0.06	0.06	0.06
7	0.06	OFF	0.07	0.06	OFF	0.06	0.07
8	OFF	OFF	OFF	0.06	0.06	0.06	0.06
9	OFF	0.06	OFF	OFF	0.07	0.06	0.07
10	0.06	0.06	0.07	0.06	0.06	0.06	0.07
11	OFF	0.08	OFF	0.06	0.06	0.06	0.08
12	OFF	OFF	0.06	0.06	0.06	0.06	0.06
13	OFF	OFF	OFF	0.06	0.06	0.06	0.06
14	0.06	0.06	OFF	0.07	0.06	0.06	0.07
15	OFF	OFF	0.06	OFF	0.06	OFF	0.06
16	0.06	OFF	0.06	0.06	0.06	OFF	0.06
17	0.06	OFF	0.06	0.07	0.06	0.06	0.07
18	0.06	OFF	0.06	OFF	0.06	OFF	0.06
19	OFF	OFF	0.06	OFF	0.06	OFF	0.06
20	OFF	OFF	0.06	OFF	0.06	OFF	0.06
21	OFF	OFF	0.06	0.06	OFF	0.06	0.06
22	OFF	OFF	OFF	OFF	OFF	0.06	0.06
23	OFF	0.07	OFF	0.07	0.06	OFF	0.07
24	OFF	OFF	0.07	0.06	0.06	OFF	0.07
25	0.06	OFF	0.06	0.06	0.06	OFF	0.06
26	0.06	OFF	0.06	OFF	0.06	OFF	0.06
27	0.06	OFF	0.06	OFF	0.06	OFF	0.06
28	0.06	OFF	0.06	0.07	0.07	0.07	0.07
29	OFF	0.07	OFF	OFF	0.07	0.07	0.07
30	OFF	OFF	OFF	0.06	OFF	0.06	0.06
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: JS/ Dave Terrusa	DATE: 10/3/2022
	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: Sep-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	Minimum Res. Level
Daily about 09:30	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]	formula Feet
1	0.46	470	216	20.1	7.86	25	YES	60	447886.8 30.51
2	0.34	269	92	20.0	7.9	25	YES	90	384909.6 26.22
3	0.55	333	183	19.9	7.8	25	YES	80	422637.2 28.79
4	0.55	353	194	20.1	7.77	24	YES	80	447740 30.5
5	0.61	208	127	20.3	7.62	23	YES	135	446712.4 30.43
6	0.56	263	148	21.2	7.67	22	YES	100	418233.2 28.49
7	0.57	403	230	20.3	7.64	23	YES	70	448033.6 30.52
8	0.51	353	180	19.8	7.84	26	YES	80	448033.6 30.52
9	0.52	262	136	19.0	7.97	28	YES	100	416618.4 28.38
10	0.56	215	121	19.9	8.01	27	YES	130	444657.2 30.29
11	0.55	232	128	19.4	7.83	26	YES	120	441721.2 30.09
12	0.55	224	123	19.7	7.68	24	YES	125	444363.6 30.27
13	0.51	265	135	19.9	7.70	24	YES	90	378597.2 25.79
14	0.49	403	198	19.4	7.72	25	YES	70	447886.8 30.51
15	0.48	353	169	18.5	7.72	27	YES	80	447886.8 30.51
16	0.49	403	197	17.9	7.69	27	YES	70	447740 30.5
17	0.48	436	209	18.0	7.97	30	YES	60	415003.6 28.27
18	0.47	564	265	17.6	7.77	29	YES	50	447886.8 30.51
19	0.47	564	265	17.6	7.74	28	YES	50	447740 30.5
20	0.43	705	303	17.4	7.65	28	YES	40	447886.8 30.51
21	0.52	706	367	18.3	7.66	26	YES	40	448033.6 30.52
22	0.53	705	374	18.3	7.71	27	YES	40	447740 30.5
23	0.51	669	341	18.1	7.63	26	YES	40	424986 28.95
24	0.53	403	214	18.2	7.79	28	YES	70	448033.6 30.52
25	0.52	564	293	17.6	7.79	29	YES	50	447886.8 30.51
26	0.56	434	243	17.8	7.59	27	YES	65	447740 30.5
27	0.61	564	344	18.3	7.71	27	YES	50	447886.8 30.51
28	0.6	537	322	18.7	7.63	26	YES	50	426013.6 29.02
29	0.56	701	393	18.1	7.68	27	YES	40	445244.4 30.33
30	0.55	565	311	18.1	7.81	28	YES	50	448180.4 30.53
31		#DIV/0!							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