

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Nov-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	0.08	OFF	OFF	0.06	OFF	0.08
2	OFF	OFF	OFF	OFF	0.07	0.06	0.07
3	0.06	OFF	OFF	0.05	0.05	0.05	0.06
4	0.05	0.05	0.05	0.05	0.05	0.06	0.06
5	0.05	0.06	OFF	OFF	OFF	OFF	0.06
6	0.07	0.06	0.06	0.06	0.06	0.07	0.07
7	0.08	0.08	0.07	OFF	OFF	OFF	0.08
8	0.06	0.06	0.06	0.06	0.06	OFF	0.06
9	OFF	OFF	OFF	0.06	0.05	0.05	0.06
10	0.05	0.05	0.05	0.05	OFF	0.05	0.05
11	OFF	0.05	OFF	0.05	OFF	0.05	0.05
12	OFF	OFF	0.05	0.06	0.05	OFF	0.06
13	0.05	OFF	0.05	OFF	0.05	0.05	0.05
14	0.05	OFF	0.05	0.05	0.06	0.05	0.06
15	OFF	0.05	OFF	0.05	0.05	0.05	0.05
16	0.05	OFF	0.05	0.05	0.05	0.05	0.05
17	0.05	OFF	0.05	OFF	0.05	0.05	0.05
18	0.05	OFF	0.05	0.05	OFF	0.07	0.07
19	OFF	0.05	OFF	0.05	0.05	OFF	0.05
20	0.04	OFF	0.04	0.05	OFF	0.05	0.05
21	OFF	0.05	OFF	OFF	0.05	0.05	0.05
22	0.05	0.05	OFF	0.05	OFF	0.05	0.05
23	0.05	OFF	0.05	OFF	OFF	0.05	0.05
24	OFF	OFF	0.05	0.05	0.05	0.05	0.05
25	OFF	0.05	OFF	0.05	0.05	0.05	0.05
26	0.05	OFF	0.09	0.05	OFF	0.05	0.09
27	0.05	OFF	0.05	0.05	0.05	0.05	0.05
28	OFF	0.05	OFF	0.05	OFF	0.05	0.05
29	OFF	OFF	0.05	0.05	0.05	0.05	0.05
30	0.05	OFF	0.05	OFF	0.05	OFF	0.05
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: 2/11/2022
	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:	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	0.58	706	409	13.7	7.78	38	YES	40	448033.6 30.52
2	0.41	658	270	12.6	7.7	38	YES	40	417499.2 28.44
3	0.94	692	651	11.8	7.5	40	YES	40	439666 29.95
4	0.54	428	231	13.5	7.52	35	YES	40	271580 18.5
5	0.65	341	221	13.9	7.54	34	YES	40	216236.4 14.73
6	0.67	381	255	11.9	7.30	36	YES	40	241779.6 16.47
7	0.35	612	214	9.8	7.36	41	YES	40	388286 26.45
8	0.2	617	123	9.2	7.50	44	YES	40	391662.4 26.68
9	0.6	485	291	12.7	7.39	35	YES	50	384616 26.2
10	0.94	905	851	10.8	7.40	42	YES	30	431004.8 29.36
11	0.95	941	894	10.3	7.39	43	YES	30	448033.6 30.52
12	0.89	706	628	11.5	7.60	43	YES	40	448033.6 30.52
13	0.83	661	549	10.4	7.56	45	YES	40	419994.8 28.61
14	0.71	706	501	9.7	7.53	46	YES	40	448033.6 30.52
15	0.7	705	494	8.9	7.75	52	YES	40	447886.8 30.51
16	0.78	705	550	8.1	7.95	60	YES	40	447740 30.5
17	0.74	886	656	7.8	7.94	61	YES	30	422050 28.75
18	0.71	941	668	9.3	7.60	48	YES	30	448033.6 30.52
19	0.49	705	346	8.9	8.12	58	YES	40	447740 30.5
20	0.64	706	452	7.6	7.80	58	YES	40	448033.6 30.52
21	0.63	859	541	7.8	7.60	53	YES	30	409278.4 27.88
22	0.64	941	602	7.9	7.65	54	YES	30	447886.8 30.51
23	0.64	941	602	9.3	7.50	46	YES	30	448033.6 30.52
24	0.67	806	540	9.4	7.50	46	YES	35	448033.6 30.52
25	0.66	880	581	9.6	7.52	46	YES	30	418967.2 28.54
26	0.68	941	640	8.8	7.45	47	YES	30	447886.8 30.51
27	0.68	941	640	8.8	7.47	47	YES	30	447886.8 30.51
28	0.7	1129	790	9.6	7.45	45	YES	25	447886.8 30.51
29	0.64	1329	850	9.8	7.51	45	YES	20	421756.4 28.73
30	0.78	1411	1100	9.0	7.65	51	YES	20	447886.8 30.51
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