

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **May-23**

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	0.03	0.03	0.04	OFF	0.04
2	OFF	OFF	OFF	0.04	0.04	OFF	0.04
3	OFF	OFF	OFF	0.04	0.03	OFF	0.04
4	OFF	OFF	OFF	0.03	0.04	0.04	0.04
5	0.04	OFF	OFF	0.09	OFF	0.03	0.09
6	OFF	OFF	OFF	0.03	OFF	OFF	0.03
7	OFF	OFF	OFF	0.05	0.03	0.03	0.05
8	OFF	OFF	OFF	0.03	0.03	0.03	0.03
9	0.03	0.03	OFF	0.03	OFF	OFF	0.03
10	OFF	0.03	0.03	OFF	OFF	OFF	0.03
11	0.03	0.03	OFF	0.03	0.03	0.03	0.03
12	OFF	OFF	0.03	0.03	OFF	OFF	0.03
13	OFF	OFF	0.03	0.03	OFF	OFF	0.03
14	OFF	0.03	0.03	0.03	OFF	OFF	0.03
15	OFF	0.03	0.03	OFF	OFF	0.04	0.04
16	0.04	OFF	OFF	0.04	OFF	OFF	0.04
17	OFF	0.05	0.04	0.10	0.07	0.06	0.10
18	OFF	OFF	OFF	0.07	0.05	OFF	0.07
19	OFF	OFF	OFF	0.04	0.04	0.04	0.05
20	OFF	OFF	OFF	0.04	0.03	0.03	0.04
21	OFF	OFF	OFF	0.04	0.03	0.03	0.04
22	OFF	OFF	OFF	0.03	0.03	OFF	0.03
23	OFF	OFF	0.03	0.03	0.03	0.03	0.03
24	OFF	OFF	OFF	0.03	0.03	0.03	0.03
25	OFF	OFF	OFF	0.04	0.03	0.03	0.04
26	0.03	0.03	OFF	OFF	OFF	0.04	0.04
27	0.03	0.03	OFF	OFF	0.04	OFF	0.04
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF
29	OFF	OFF	0.04	0.03	0.03	0.03	0.04
30	0.03	0.03	0.03	0.03	0.03	0.03	0.03
31	0.03	0.03	OFF	OFF	0.03	0.03	0.03

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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes	Yes	Yes
All turbidity readings < IFE ² triggers	Yes		

Notes:	PRINTED NAME: Dave Terrusa	
	SIGNATURE: /S/ Dave Terrusa	DATE:
	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	0.52	377	196	11.8	7.54	39	YES	70	418380 28.5
2	0.61	378	231	11.2	7.6	43	YES	70	420288.4 28.63
3	0.59	189	112	11.3	7.7	44	YES	140	420435.2 28.64
4	0.57	361	206	12.6	7.69	39	YES	70	400617.2 27.29
5	0.57	400	228	11.9	7.71	42	YES	70	444804 30.3
6	0.57	330	188	12.2	7.68	40	YES	80	418967.2 28.54
7	0.61	301	183	12.0	7.73	42	YES	80	381826.8 26.01
8	0.64	312	199	11.7	7.56	40	YES	75	370963.6 25.27
9	0.7	354	248	11.7	7.48	39	YES	75	421756.4 28.73
10	0.66	351	232	12.1	7.46	38	YES	75	418380 28.5
11	0.71	263	187	12.3	7.48	38	YES	100	418086.4 28.48
12	0.66	270	178	14.4	7.51	33	YES	100	428509.2 29.19
13	0.65	264	171	14.0	7.56	34	YES	100	418380 28.5
14	0.68	240	163	14.4	7.52	33	YES	110	418380 28.5
15	0.65	264	171	15.2	7.57	32	YES	100	418380 28.5
16	0.62	264	164	15.4	7.61	32	YES	100	419701.2 28.59
17	0.58	264	153	15.2	7.70	33	YES	100	418380 28.5
18	0.55	262	144	16.6	7.73	30	YES	105	436436.4 29.73
19	0.58	287	166	16.7	7.78	31	YES	95	432179.2 29.44
20	0.51	293	150	17.1	7.91	31	YES	90	418967.2 28.54
21	0.64	297	190	15.9	7.78	33	YES	90	423958.4 28.88
22	0.69	300	207	15.4	7.56	32	YES	90	429243.2 29.24
23	0.69	251	173	15.4	7.54	31	YES	105	418380 28.5
24	0.72	283	204	16.5	7.48	29	YES	95	427188 29.1
25	0.66	203	134	17.0	7.53	28	YES	120	386377.6 26.32
26	0.63	264	166	16.9	7.57	28	YES	100	418380 28.5
27	0.66	259	171	16.5	7.62	30	YES	100	410893.2 27.99
28	0.55	170	93	16.1	7.60	30	YES	110	296242.4 20.18
29	0.55	125	69	16.9	7.61	29	YES	135	268790.8 18.31
30	0.72	219	158	16.0	7.59	31	YES	90	313564.8 21.36
31	0.72	220	158	16.2	7.56	30	YES	120	418380 28.5

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