

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Jun-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	0.03	OFF	OFF	0.04	0.03	0.03	0.04	
2	0.03	OFF	OFF	0.03	0.04	0.03	0.04	
3	OFF	OFF	OFF	0.04	0.04	0.03	0.04	
4	0.03	0.03	OFF	0.04	0.04	0.03	0.04	
5	0.04	0.03	OFF	0.07	0.04	0.04	0.07	
6	0.04	0.04	0.04	OFF	0.04	0.04	0.04	
7	0.04	OFF	OFF	0.04	OFF	OFF	0.04	
8	OFF	0.04	0.04	OFF	OFF	0.04	0.04	
9	0.04	OFF	OFF	0.08	0.04	0.04	0.09	
10	OFF	OFF	OFF	0.04	0.04	0.04	0.05	
11	0.04	OFF	OFF	0.05	0.04	0.04	0.06	
12	0.04	0.04	OFF	0.04	0.04	0.04	0.04	
13	OFF	OFF	0.05	0.04	OFF	OFF	0.05	
14	OFF	0.04	0.04	OFF	0.05	0.04	0.09	
15	0.04	0.04	OFF	0.04	OFF	OFF	0.07	
16	0.04	0.04	OFF	0.04	0.04	0.04	0.05	
17	OFF	OFF	OFF	0.04	0.04	0.04	0.05	
18	0.04	0.04	OFF	OFF	0.06	0.04	0.07	
19	0.04	OFF	OFF	0.04	OFF	OFF	0.06	
20	0.04	0.04	OFF	0.06	0.04	0.04	0.08	
21	OFF	OFF	OFF	0.04	0.04	OFF	0.07	
22	OFF	OFF	0.04	0.04	0.04	0.04	0.06	
23	OFF	OFF	OFF	0.04	0.04	OFF	0.05	
24	OFF	OFF	0.04	0.04	0.04	0.04	0.05	
25	0.04	OFF	OFF	0.04	0.04	0.04	0.04	
26	0.04	OFF	OFF	0.04	0.04	0.04	0.04	
27	0.04	OFF	OFF	0.04	0.07	0.05	0.07	
28	0.05	0.04	0.04	0.04	0.04	0.04	0.05	
29	0.04	0.04	0.04	0.04	0.04	0.04	0.05	
30	0.04	0.04	OFF	OFF	0.04	0.04	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: /S/ Dave Terrusa	DATE: 7/7/23
	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	0.62	209	130	17.7	7.58	27	YES	130	431592 29.4
2	0.65	112	73	17.4	7.6	28	YES	250	443776.4 30.23
3	0.59	176	104	17.5	7.6	27	YES	150	418380 28.5
4	0.62	167	104	17.6	7.65	28	YES	160	425279.6 28.97
5	0.55	143	79	17.6	7.61	27	YES	170	385937.2 26.29
6	0.65	125	81	17.1	7.64	29	YES	210	416912 28.4
7	0.63	220	139	18.9	7.64	26	YES	120	419407.6 28.57
8	0.6	139	83	17.5	7.63	28	YES	190	418380 28.5
9	0.53	296	157	19.1	7.68	25	YES	90	422196.8 28.76
10	0.51	174	89	18.1	7.96	30	YES	160	441134 30.05
11	0.51	139	71	20.3	7.62	23	YES	190	418380 28.5
12	0.59	207	122	19.4	7.71	25	YES	135	442602 30.15
13	0.51	232	118	19.5	7.71	25	YES	115	423811.6 28.87
14	0.56	180	101	18.0	7.71	28	YES	140	400176.8 27.26
15	0.56	176	98	18.6	7.70	26	YES	150	418380 28.5
16	0.56	249	139	19.1	7.51	24	YES	110	434528 29.6
17	0.54	143	77	20.0	7.65	24	YES	180	407957.2 27.79
18	0.56	264	148	19.1	7.76	26	YES	100	418380 28.5
19	0.49	335	164	17.6	7.69	28	YES	80	425866.8 29.01
20	0.55	220	121	16.1	7.68	31	YES	120	419260.8 28.56
21	0.59	272	161	16.8	7.64	29	YES	100	432179.2 29.44
22	0.6	165	99	16.9	7.66	29	YES	160	418380 28.5
23	0.62	207	129	19.2	7.66	25	YES	130	427775.2 29.14
24	0.63	146	92	17.2	7.75	30	YES	180	418380 28.5
25	0.64	183	117	19.3	7.70	25	YES	150	434528 29.6
26	0.64	132	84	19.4	7.65	25	YES	210	439372.4 29.93
27	0.47	120	57	19.6	7.62	24	YES	160	305344 20.8
28	0.65	101	66	19.3	7.74	26	YES	200	320170.8 21.81
29	0.74	177	131	20.0	7.76	25	YES	130	364651.2 24.84
30	0.7	203	142	20.3	7.69	24	YES	130	418380 28.5
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
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