

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Sep-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	OFF	0.05	0.05	0.05	0.06
2	OFF	OFF	OFF	0.06	0.05	OFF	0.06
3	OFF	OFF	OFF	0.05	0.05	0.05	0.06
4	OFF	OFF	OFF	0.05	0.05	OFF	0.06
5	OFF	OFF	OFF	0.05	0.04	0.05	0.05
6	OFF	OFF	OFF	OFF	0.05	0.04	0.07
7	0.04	0.04	0.04	0.05	OFF	OFF	0.05
8	OFF	0.04	0.04	0.04	0.04	OFF	0.04
9	OFF	OFF	0.04	0.04	0.04	0.04	0.04
10	0.04	OFF	OFF	OFF	0.04	0.04	0.09
11	0.04	0.04	OFF	OFF	0.05	0.05	0.06
12	0.05	OFF	OFF	0.04	0.05	OFF	0.08
13	OFF	OFF	0.05	0.04	0.04	0.04	0.08
14	0.04	OFF	0.05	0.04	0.05	0.04	0.06
15	OFF	OFF	0.06	0.04	OFF	0.07	0.07
16	0.04	0.04	0.04	0.04	0.05	0.04	0.05
17	0.04	OFF	OFF	OFF	0.04	0.04	0.07
18	0.04	0.04	OFF	0.07	0.05	0.05	0.08
19	0.05	0.05	0.05	0.05	0.05	0.05	0.05
20	OFF	OFF	OFF	0.05	0.05	0.05	0.05
21	0.04	OFF	OFF	0.05	0.04	0.04	0.06
22	0.04	OFF	OFF	OFF	0.05	0.05	0.06
23	0.05	0.04	0.04	0.05	0.05	0.04	0.05
24	0.04	0.04	OFF	0.04	0.04	0.04	0.07
25	OFF	OFF	OFF	0.04	0.05	OFF	0.07
26	OFF	OFF	OFF	0.08	OFF	0.06	0.08
27	0.05	0.05	0.05	0.07	0.06	0.06	0.07
28	0.06	OFF	OFF	0.06	0.05	OFF	0.08
29	OFF	OFF	0.05	0.05	0.05	0.05	0.05
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF
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: 10/05/23
	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:	Sep-23	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	264	137	20.0	7.75	24	YES	100	418673.6 28.52
2	0.62	305	189	20.9	7.7	23	YES	90	435262 29.65
3	0.59	264	156	20.3	7.6	23	YES	100	418380 28.5
4	0.62	272	169	20.5	7.67	23	YES	100	432032.4 29.43
5	0.59	245	145	20.0	7.74	24	YES	110	427922 29.15
6	0.76	239	182	18.1	7.51	26	YES	100	379478 25.85
7	0.85	293	249	18.2	7.58	27	YES	90	418086.4 28.48
8	0.74	220	163	17.5	7.94	32	YES	120	418526.8 28.51
9	0.67	307	206	18.2	7.43	25	YES	85	414269.6 28.22
10	0.68	178	121	19.3	7.75	26	YES	150	424839.2 28.94
11	0.7	197	138	18.3	7.61	26	YES	130	407223.2 27.74
12	0.79	232	183	18.4	7.63	27	YES	120	441574.4 30.08
13	0.82	203	166	18.3	7.65	27	YES	130	418380 28.5
14	0.88	232	205	18.7	7.69	27	YES	120	442748.8 30.16
15	0.79	214	169	18.5	7.68	27	YES	115	391222 26.65
16	0.81	232	188	19.2	7.64	26	YES	110	405021.2 27.59
17	0.69	240	165	19.7	7.66	25	YES	110	418233.2 28.49
18	0.73	197	143	18.9	7.81	27	YES	130	405608.4 27.63
19	0.71	194	137	18.2	7.84	29	YES	140	430124 29.3
20	0.66	292	193	17.7	7.79	29	YES	90	417792.8 28.46
21	0.65	275	179	17.2	7.84	31	YES	100	437023.6 29.77
22	0.63	196	123	16.2	7.87	33	YES	120	372431.6 25.37
23	0.78	221	173	15.8	7.86	35	YES	115	403700 27.5
24	0.73	346	253	15.4	7.88	36	YES	80	439959.6 29.97
25	0.68	391	266	15.2	7.78	35	YES	70	434381.2 29.59
26	0.48	326	156	15.2	7.76	34	YES	80	413388.8 28.16
27	0.52	371	193	14.9	7.53	32	YES	70	412361.2 28.09
28	0.4	371	148	15.5	7.56	30	YES	75	441574.4 30.08
29	0.5	586	293	15.0	7.62	32	YES	45	418380 28.5
30	0.59	350	207	15.4	7.75	33	YES	70	389020 26.5
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