

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Dec-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 <sup>1</sup> [NTU]
1	OFF	OFF	OFF	OFF	OFF	0.04	0.07
2	0.04	0.04	0.04	0.04	0.04	0.04	0.04
3	OFF	OFF	OFF	0.06	OFF	OFF	0.07
4	OFF	OFF	OFF	0.06	0.05	0.04	0.08
5	0.04	0.04	0.04	0.04	0.05	0.06	0.06
6	OFF	OFF	OFF	0.05	OFF	OFF	0.08
7	OFF	OFF	OFF	OFF	0.04	0.04	0.08
8	0.04	0.04	0.04	0.04	0.04	0.03	0.06
9	0.04	0.04	OFF	0.04	OFF	OFF	0.07
10	OFF	OFF	0.10	0.03	0.03	0.03	0.10
11	0.04	OFF	OFF	OFF	0.03	0.04	0.06
12	0.03	0.03	OFF	OFF	OFF	OFF	0.08
13	0.04	0.03	0.03	OFF	OFF	OFF	0.04
14	OFF	OFF	OFF	0.04	0.03	0.03	0.06
15	0.03	0.03	0.03	OFF	OFF	OFF	0.09
16	0.03	0.03	0.03	0.03	0.03	0.03	0.03
17	0.03	0.03	OFF	OFF	0.03	0.03	0.03
18	0.03	OFF	OFF	0.03	0.03	0.03	0.03
19	OFF	OFF	OFF	0.03	0.03	0.04	0.08
20	0.04	OFF	OFF	0.04	0.04	0.04	0.07
21	OFF	OFF	OFF	OFF	0.04	0.03	0.08
22	0.03	0.03	0.03	0.03	0.03	OFF	0.03
23	OFF	OFF	OFF	0.04	0.03	0.03	0.07
24	0.03	0.03	OFF	0.03	0.03	OFF	0.03
25	OFF	OFF	OFF	0.03	0.03	0.03	0.08
26	0.03	OFF	OFF	OFF	0.03	0.03	0.07
27	0.03	0.03	0.03	OFF	OFF	OFF	0.07
28	0.03	0.04	0.04	0.04	OFF	OFF	0.08
29	0.04	0.04	0.04	0.03	OFF	OFF	0.04
30	OFF	OFF	OFF	0.04	0.04	0.04	0.07
31	0.04	OFF	OFF	OFF	0.04	0.04	0.08

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <b>Yes</b>	CT's met everyday? (see back) <b>Yes</b>	All Cl2 residual at entry point ≥ 0.2 mg/l? <b>Yes</b>
All 4-hour turbidity readings ≤ 1 NTU? <b>Yes</b>		
All turbidity readings < IFE <sup>2</sup> triggers <b>Yes</b>		

<b>Notes:</b>	<b>PRINTED NAME: Dave Terrusa</b>	
	<b>SIGNATURE: /S/ Dave Terrusa</b>	<b>DATE: 6 Jan 2024</b>
	<b>PHONE #: ( 541 ) 253-7556</b>	<b>CERT #: 6930</b>

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 2400 through 2000 may not correspond to continuous readings' maximum. <sup>2</sup> 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:	Dec-23	Disinfection <i>Giardia</i> Log Inactive:	1
--------------	-----------------	---------------	-------------	--------	---	---

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]	Minimum Res. Level formula Feet
Daily about 09:30									
1	0.67	1218	816	10.3	8.10	54	YES	20	386524.4 26.33
2	0.84	221	186	10.4	7.9	51	YES	115	404140.4 27.53
3	0.73	374	273	10.7	7.9	49	YES	70	415003.6 28.27
4	0.57	346	197	12.7	7.62	38	YES	70	384909.6 26.22
5	0.44	376	165	13.3	7.60	36	YES	70	417499.2 28.44
6	0.53	355	188	13.6	7.66	36	YES	70	394011.2 26.84
7	0.47	376	177	12.7	7.68	38	YES	70	417499.2 28.44
8	0.87	320	279	11.6	7.53	41	YES	75	381533.2 25.99
9	0.89	393	349	11.2	7.48	42	YES	70	436289.6 29.72
10	0.9	376	339	11.4	7.48	41	YES	70	417939.6 28.47
11	0.86	328	282	12.4	7.47	38	YES	80	415884.4 28.33
12	0.79	377	298	13.4	7.56	36	YES	70	418526.8 28.51
13	0.85	675	574	11.2	7.50	42	YES	40	428509.2 29.19
14	0.92	338	311	11.5	7.78	46	YES	70	376101.6 25.62
15	0.87	386	336	11.4	7.65	44	YES	60	367440.4 25.03
16	0.9	481	433	10.1	7.78	50	YES	50	381680 26
17	0.84	679	570	10.2	7.75	49	YES	40	431004.8 29.36
18	0.91	703	640	10.4	7.70	48	YES	40	446272 30.4
19	0.91	388	353	11.8	7.55	41	YES	70	431004.8 29.36
20	0.81	348	282	12.2	7.68	41	YES	80	442308.4 30.13
21	0.78	308	240	12.5	7.54	38	YES	80	391075.2 26.64
22	0.97	377	366	11.5	7.59	43	YES	70	418967.2 28.54
23	0.84	345	290	11.0	7.52	43	YES	75	411040 28
24	0.77	397	305	11.0	7.81	47	YES	70	440693.6 30.02
25	0.86	377	324	10.9	7.68	45	YES	70	418380 28.5
26	0.85	321	273	11.6	7.50	41	YES	80	407516.8 27.76
27	0.9	377	339	12.4	7.56	40	YES	70	418380 28.5
28	0.89	377	335	12.0	7.55	41	YES	70	418380 28.5
29	0.85	381	323	12.3	7.59	40	YES	70	422784 28.8
30	0.86	351	302	13.0	7.61	38	YES	75	418380 28.5
31	0.75	393	295	11.7	7.74	43	YES	70	436436.4 29.73

<sup>3</sup> If Cl<sub>2</sub> 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