

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Feb-24**

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	0.04	0.04	0.04	0.04
2	OFF	OFF	OFF	OFF	0.04	0.08	0.10
3	OFF	OFF	OFF	OFF	0.05	0.03	0.07
4	0.03	0.04	0.04	0.04	0.03	0.04	0.04
5	0.03	0.03	OFF	OFF	0.04	0.03	0.07
6	OFF	OFF	OFF	0.03	0.04	0.04	0.08
7	0.04	OFF	OFF	0.05	0.06	0.06	0.07
8	0.06	0.05	OFF	OFF	OFF	OFF	0.06
9	0.04	0.03	0.03	OFF	OFF	OFF	0.04
10	OFF	OFF	0.05	OFF	OFF	OFF	0.06
11	0.03	OFF	0.04	0.04	0.04	0.04	0.04
12	0.03	0.04	0.04	0.04	0.04	OFF	0.04
13	0.04	0.04	OFF	OFF	0.04	0.04	0.04
14	0.04	OFF	OFF	0.04	OFF	OFF	0.04
15	OFF	OFF	OFF	OFF	0.04	0.07	0.08
16	0.07	0.07	0.09	0.08	0.04	0.04	0.09
17	OFF	OFF	OFF	0.04	0.04	0.04	0.05
18	0.04	OFF	OFF	OFF	0.04	0.04	0.05
19	0.04	OFF	OFF	OFF	0.04	0.04	0.04
20	0.04	OFF	OFF	OFF	0.04	0.04	0.07
21	0.04	0.04	0.04	OFF	OFF	OFF	0.04
22	OFF	0.04	0.04	0.04	0.04	0.04	0.05
23	OFF	OFF	OFF	0.04	0.04	OFF	0.05
24	OFF	OFF	OFF	0.04	0.04	0.07	0.09
25	0.06	0.05	OFF	OFF	0.04	0.04	0.06
26	0.04	OFF	OFF	0.04	0.05	0.04	0.05
27	0.04	0.04	0.04	OFF	OFF	OFF	0.04
28	0.04	0.04	0.04	0.04	0.05	0.05	0.05
29	0.04	OFF	OFF	0.04	OFF	OFF	0.06
30							
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: 3/4/24
	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:	Feb-24	Disinfection <i>Giardia</i> Log Inactive:	1
--------------	-----------------	---------------	-------------	--------	---	---

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	0.66	671	443	13.4	7.66	37	YES	40	426160.4 29.03
2	0.69	312	216	11.9	7.8	43	YES	80	396653.6 27.02
3	0.68	308	209	12.4	7.8	41	YES	75	366412.8 24.96
4	0.76	310	236	10.2	7.71	48	YES	80	393570.8 26.81
5	0.76	371	282	10.9	7.70	45	YES	75	441574.4 30.08
6	0.81	387	314	11.7	7.77	44	YES	70	430124 29.3
7	0.63	365	230	11.5	7.80	44	YES	70	405461.6 27.62
8	0.74	439	325	11.0	8.02	50	YES	60	418526.8 28.51
9	0.86	133	114	11.0	7.82	47	YES	170	358632.4 24.43
10	0.63	299	188	10.1	7.61	46	YES	70	332208.4 22.63
11	0.75	240	180	11.0	7.79	46	YES	90	343512 23.4
12	0.81	313	254	10.9	8.26	56	YES	80	397974.8 27.11
13	0.78	395	308	13.0	7.78	41	YES	70	438932 29.9
14	0.74	700	518	11.0	7.86	47	YES	40	444216.8 30.26
15	0.65	692	450	10.6	7.83	48	YES	35	384322.4 26.18
16	0.69	349	241	11.2	7.97	48	YES	75	415884.4 28.33
17	0.65	383	249	11.9	7.65	41	YES	70	425866.8 29.01
18	0.71	339	240	12.2	7.96	45	YES	80	429977.2 29.29
19	0.75	303	227	12.1	7.58	40	YES	90	432179.2 29.44
20	0.74	346	256	11.8	7.76	43	YES	75	411774 28.05
21	0.56	383	215	11.9	7.76	42	YES	70	425720 29
22	0.65	377	245	12.5	7.73	41	YES	70	418380 28.5
23	0.71	371	263	11.9	7.84	44	YES	75	441721.2 30.09
24	0.68	351	239	11.8	7.81	44	YES	75	418380 28.5
25	0.45	343	154	11.8	7.89	44	YES	80	435262 29.65
26	0.54	322	174	11.5	7.86	45	YES	80	408397.6 27.82
27	0.76	351	267	11.3	7.79	45	YES	75	418380 28.5
28	0.69	377	260	11.6	7.76	44	YES	70	418820.4 28.53
29	0.64	387	248	11.1	7.83	46	YES	70	430417.6 29.32
30		#DIV/0!							0
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