

OHA - Drinking Water Services -Turbidity Monitoring Report Form



County: **Coos**

Month/Year: **Dec-20**

Conventional or Direct Filtration

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	0.06	0.04	0.04	0.04	0.03	0.03	0.06
2	0.03	OFF	OFF	0.04	0.04	OFF	0.04
3	0.03	OFF	OFF	0.04	0.03	0.04	0.04
4	OFF	0.04	OFF	OFF	0.04	0.05	0.05
5	0.05	0.04	0.04	OFF	0.04	0.04	0.05
6	OFF	0.04	OFF	0.04	0.04	OFF	0.04
7	OFF	OFF	OFF	OFF	0.06	0.05	0.06
8	0.03	0.04	OFF	OFF	0.04	0.04	0.04
9	0.05	0.04	0.04	0.04	0.04	0.06	0.06
10	0.05	0.04	0.04	OFF	OFF	OFF	0.05
11	OFF	0.04	0.06	0.04	0.04	0.05	0.06
12	0.05	0.04	0.06	0.05	0.05	0.05	0.06
13	0.04	OFF	OFF	OFF	0.06	0.05	0.06
14	OFF	OFF	OFF	OFF	OFF	OFF	OFF
15	OFF	OFF	OFF	0.08	OFF	OFF	0.08
16	OFF	0.04	0.05	0.06	0.06	0.05	0.06
17	OFF	OFF	OFF	OFF	OFF	0.04	0.04
18	0.04	0.04	0.04	0.04	0.04	0.05	0.05
19	0.05	0.06	0.06	OFF	0.04	0.03	0.06
20	0.03	0.03	0.03	OFF	0.03	0.03	0.03
21	OFF	OFF	0.04	0.04	OFF	0.03	0.04
22	OFF	OFF	0.03	OFF	OFF	OFF	0.03
23	OFF	0.04	0.04	0.04	0.04	0.04	0.04
24	0.04	OFF	OFF	0.04	0.04	OFF	0.04
25	0.04	OFF	0.04	OFF	OFF	0.04	0.04
26	OFF	OFF	0.08	OFF	OFF	OFF	0.08
27	0.07	0.07	0.08	0.05	0.04	0.05	0.08
28	0.05	0.05	0.06	0.08	OFF	0.04	0.08
29	0.04	OFF	OFF	0.04	0.04	OFF	0.04
30	0.04	OFF	OFF	OFF	0.07	0.04	0.07
31	0.04	OFF	OFF	OFF	OFF	0.04	0.04

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: 1-Jan-21
	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:	Dec-20	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
Daily ≈ 09:30	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.46	1260	580	8.9	7.46	46	YES	20
2	0.46	1411	649	9.0	7.4	44	YES	20
3	0.47	948	446	8.8	7.4	44	YES	30
4	0.38	868	330	8.8	7.42	45	YES	30
5	0.49	1372	673	8.4	7.37	46	YES	20
6	0.38	923	351	9.2	7.38	43	YES	30
7	0.29	582	169	9.5	7.37	42	YES	40
8	0.53	1114	590	10.6	7.39	40	YES	20
9	0.52	1202	625	10.0	7.32	41	YES	20
10	0.52	1191	619	9.7	7.44	43	YES	20
11	0.3	1181	354	9.2	7.40	43	YES	20
12	0.52	873	454	8.9	7.46	46	YES	30
13	0.42	914	384	9.3	7.35	43	YES	30
14	0.38	1131	430	9.9	7.25	40	YES	20
15	0.37	980	363	10.3	7.28	39	YES	20
16	0.3	653	196	10.4	7.40	40	YES	30
17	0.24	975	234	10.1	7.30	39	YES	20
18	0.5	1052	526	11.0	7.23	37	YES	20
19	0.5	1258	629	10.4	7.22	38	YES	20
20	0.53	913	484	11.1	7.31	38	YES	30
21	0.48	1411	677	11.9	7.28	35	YES	20
22	0.4	831	332	11.7	7.29	36	YES	30
23	0.38	1235	469	9.8	7.38	42	YES	20
24	0.47	1421	668	9.1	7.33	43	YES	20
25	0.5	1413	706	9.5	7.26	41	YES	20
26	0.26	1157	301	10.5	7.22	37	YES	20
27	0.31	1194	370	10.4	7.24	38	YES	20
28	0.61	1350	824	9.3	7.23	42	YES	20
29	0.53	1412	748	9.6	7.20	40	YES	20
30	0.51	1308	667	8.9	7.33	44	YES	20
31	0.39	1324	516	9.6	7.30	41	YES	20

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