

## OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Coos

## Conventional or Direct Filtration

Month/Year: Jan-21

System Name:	City Of Bandon	ID#: 4100074	WTP : TP -				
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	0.02	0.02	0.02	0.02	0.02	off	0.02
2	off	0.05	0.04	0.02	0.02	0.02	0.05
3	off	0.05	0.02	0.02	0.02	off	0.05
4	off	0.02	0.02	0.02	0.02	off	0.02
5	off	0.02	0.02	0.03	0.03	off	0.03
6	off	0.03	0.02	0.02	0.02	off	0.03
7	off	0.02	0.03	0.08	0.04	off	0.08
8	off	0.22	0.05	0.06	0.03	0.04	0.22
9	0.02	0.02	0.12	0.02	0.02	0.02	0.12
10	0.02	off	0.02	0.02	0.02	off	0.02
11	off	0.02	0.03	0.02	0.02	off	0.03
12	off	off	0.02	0.03	0.03	0.08	0.08
13	off	0.21	0.05	0.09	0.06	off	0.21
14	off	0.12	0.03	0.03	0.02	0.02	0.12
15	off	0.13	0.07	0.02	0.02	0.02	0.13
16	off	0.02	0.02	0.02	0.02	off	0.02
17	off	0.02	0.02	0.02	0.02	off	0.02
18	off	0.02	0.02	0.02	0.02	0.02	0.02
19	off	0.06	0.03	0.02	0.02	0.02	0.06
20	off	0.05	0.03	0.02	0.02	off	0.05
21	off	0.02	0.02	0.02	0.02	off	0.02
22	off	0.02	0.02	0.02	off	off	0.02
23	off	0.02	0.02	0.02	0.02	0.02	0.02
24	off	0.02	0.02	0.02	0.02	off	0.02
25	off	0.02	0.02	0.02	0.02	off	0.02
26	off	0.05	0.03	0.02	0.02	0.02	0.05
27	off	0.06	0.04	0.03	0.02	0.02	0.06
28	off	0.13	off	0.04	0.03	0.03	0.13
29	off	0.03	0.02	0.02	0.02	off	0.03
30	off	0.02	0.02	0.02	0.02	off	0.02
31	off	0.02	0.02	0.02	0.02	off	0.02

## Conventional or Direct Filtration

## Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings  $\leq$  0.3 NTU?

Yes/No

All 4-hour turbidity readings  $\leq$  1 NTU?

Yes/No

All turbidity readings < IFE<sup>2</sup> triggers

Yes/No

CT's met everyday?  
(see back)

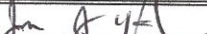
Yes/No

All Cl2 residual at entry point  
 $\geq$  0.2 mg/l?

Yes/No

Notes:

PRINTED NAME: James J. Youravish

SIGNATURE: 

DATE: 2-1-21

PHONE #: (541)-347-3007

CERT #: T-09155

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. <sup>2</sup> IFE = Individ. Filter Effl. (333-061-0040(1)(e)(B&C))

## OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

System Name:

ID#: 4100074

Month/Year:

21-Jan

Disinfection *Giardia*  
Log Inactiv:

0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.45	445	200.3	10.5	7.58	21.5	YES	615
2	0.45	445	200.3	10.6	7.61	21.6	YES	615
3	0.43	445	191.4	10.6	7.61	21.5	YES	557
4	0.46	445	204.7	10.7	7.62	21.5	YES	695
5	0.53	445	235.9	10.9	7.63	21.5	YES	477
6	0.64	445	284.8	11.2	7.65	21.5	YES	470
7	0.69	445	307.1	10.3	7.66	23.0	YES	584
8	0.69	445	307.1	11.0	7.66	22.0	YES	516
9	0.67	445	298.2	11.0	7.50	20.7	YES	607
10	0.64	445	284.8	11.1	7.41	19.9	YES	550
11	0.61	445	271.5	10.3	7.32	20.2	YES	491
12	0.55	445	244.8	11.4	7.32	18.7	YES	547
13	0.51	445	227.0	10.5	7.52	21.2	YES	549
14	0.49	445	218.1	10.1	7.57	22.1	YES	582
15	0.47	445	209.2	10.1	7.61	22.4	YES	549
16	0.63	445	280.4	10.3	7.70	23.2	YES	549
17	0.68	445	302.6	10.4	7.77	23.7	YES	771
18	0.71	445	316.0	10.5	7.77	23.7	YES	765
19	0.79	445	351.6	10.2	7.73	24.0	YES	743
20	0.64	445	284.8	10.2	7.64	22.9	YES	539
21	0.73	445	324.9	10.3	7.53	22.1	YES	919
22	0.76	445	338.2	9.8	7.56	23.2	YES	560
23	0.78	445	347.1	9.8	7.55	23.1	YES	600
24	0.84	445	373.8	9.7	7.53	23.3	YES	554
25	0.86	445	382.7	9.3	7.56	24.2	YES	533
26	0.87	445	387.2	9.0	7.57	24.8	YES	522
27	0.89	445	396.1	8.7	7.68	26.4	YES	1039
28	0.83	445	369.4	8.8	7.69	26.1	YES	536
29	0.83	445	369.4	8.5	7.73	27.0	YES	507
30	0.82	445	364.9	8.7	7.72	26.6	YES	536
31	0.73	445	324.9	8.7	7.70	26.1	YES	523

<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 October 2013