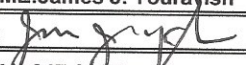


OHA - Drinking Water Services -Turbidity Monitoring Report Form  
 Conventional or Direct Filtration

County: Coos  
 Month/Year: Feb-21

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	OFF	0.02	0.02	0.02	0.02	OFF	0.02
2	OFF	0.06	0.04	0.03	0.03	0.03	0.06
3	OFF	0.07	0.04	0.03	0.03	OFF	0.07
4	OFF	0.04	0.04	0.07	0.08	OFF	0.08
5	OFF	0.06	0.05	0.03	0.03	OFF	0.06
6	OFF	0.03	0.03	0.03	0.02	OFF	0.03
7	OFF	0.02	0.03	0.02	0.02	OFF	0.03
8	OFF	0.02	0.02	0.02	0.02	OFF	0.02
9	OFF	0.06	0.03	0.03	0.03	0.02	0.06
10	OFF	0.07	0.03	0.03	0.02	OFF	0.07
11	OFF	0.02	0.03	0.03	0.03	OFF	0.03
12	OFF	OFF	0.03	0.03	0.02	0.02	0.03
13	OFF	0.02	0.03	0.03	0.02	OFF	0.03
14	OFF	0.06	0.09	0.08	0.02	0.02	0.09
15	OFF	0.02	0.03	0.02	0.02	OFF	0.03
16	OFF	0.11	0.03	0.03	0.04	0.04	0.11
17	OFF	0.08	0.05	0.03	0.03	OFF	0.08
18	OFF	0.03	0.03	0.03	0.03	OFF	0.03
19	OFF	0.03	0.03	0.03	0.02	OFF	0.03
20	OFF	0.03	0.03	0.03	0.03	0.04	0.04
21	OFF	0.05	0.05	0.05	0.03	OFF	0.05
22	OFF	0.03	0.04	0.04	0.03	OFF	0.04
23	OFF	0.13	0.03	0.02	0.02	0.02	0.13
24	OFF	0.06	0.03	0.02	0.02	0.02	0.06
25	OFF	0.02	0.02	0.02	0.02	OFF	0.02
26	OFF	0.02	0.02	0.02	0.02	OFF	0.02
27	OFF	0.02	0.02	0.02	0.02	0.02	0.02
28	OFF	0.02	0.02	0.02	0.02	OFF	0.02
29							
30							
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE <sup>2</sup> triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes:	PRINTED NAME: James J. Youravish	
	SIGNATURE: 	DATE: 3-1-2021
	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:	Bandon, City of	ID#: 4100074	Month/Year:	Feb-21	Disinfection <i>Giardia</i> Log Inactiv:	0.5
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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]
1	0.74	445	329.3	8.8	7.67	25.7	Yes	482
2	0.71	445	316.0	8.4	7.65	26.1	Yes	876
3	0.82	445	364.9	8.9	7.60	25.1	Yes	690
4	0.82	445	364.9	9.0	7.61	25.0	Yes	504
5	0.81	445	360.5	8.9	7.58	24.9	Yes	531
6	0.78	445	347.1	9.2	7.51	23.7	Yes	538
7	0.75	445	333.8	8.9	7.50	24.0	Yes	545
8	0.73	445	324.9	9.3	7.43	22.8	Yes	748
9	0.71	445	316.0	9.2	7.46	23.1	Yes	578
10	0.71	445	316.0	9.0	7.47	23.5	YES	697
11	0.73	445	324.9	8.9	7.45	23.6	YES	531
12	0.73	445	324.9	8.9	7.45	23.6	YES	584
13	0.73	445	324.9	9.2	7.53	23.8	YES	546
14	0.73	445	324.9	9.0	7.55	24.2	YES	583
15	0.71	445	316.0	9.1	7.50	23.6	YES	525
16	0.73	445	324.9	9.1	7.56	24.2	YES	518
17	0.73	445	324.9	9.1	7.61	24.6	YES	529
18	0.7	445	311.5	9.0	7.61	24.7	YES	547
19	0.69	445	307.1	9.3	7.59	24.0	YES	555
20	0.67	445	298.2	9.3	7.58	23.9	YES	555
21	0.64	445	284.8	9.3	7.55	23.5	YES	561
22	0.62	445	275.9	9.5	7.54	23.1	YES	567
23	0.6	445	267.0	9.5	7.55	23.1	YES	818
24	0.58	445	258.1	9.6	7.53	22.7	YES	1234
25	0.58	445	258.1	9.8	7.52	22.4	YES	655
26	0.54	445	240.3	9.7	7.51	22.3	YES	588
27	0.6	445	267.0	9.7	7.51	22.5	YES	578
28	0.62	445	275.9	9.6	7.53	22.8	YES	617
29								
30								
31								

<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