

OHA - Drinking Water Services -Turbidity Monitoring Report Form

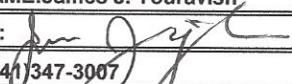
County: COOS
 Month/Year: Mar-21

Conventional or Direct Filtration

System Name: Bandon, City of ID#: 41 00074 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 ¹ [NTU]
1	OFF	0.02	0.02	0.02	0.02	OFF	0.02
2	OFF	0.08	0.03	0.02	0.02	0.02	0.08
3	OFF	0.10	0.07	0.03	0.03	OFF	0.10
4	OFF	0.03	0.03	0.03	0.03	OFF	0.03
5	OFF	0.03	0.03	0.03	0.02	0.02	0.03
6	OFF	0.03	0.03	0.03	0.03	OFF	0.03
7	OFF	0.03	0.03	0.03	0.04	OFF	0.04
8	OFF	0.05	0.11	0.08	OFF	OFF	0.11
9	OFF	0.06	0.05	0.04	0.04	0.04	0.06
10	OFF	0.13	0.05	0.04	0.04	0.04	0.13
11	0.04	OFF	0.07	0.09	0.05	0.03	0.09
12	OFF	0.03	0.03	0.03	0.02	OFF	0.03
13	0.03	0.03	0.02	0.03	0.03	OFF	0.03
14	OFF	0.03	0.03	0.04	0.03	OFF	0.04
15	OFF	0.04	0.03	0.03	0.03	OFF	0.04
16	0.04	0.12	0.04	0.05	0.05	0.05	0.12
17	OFF	0.10	0.05	0.04	0.04	OFF	0.10
18	OFF	0.05	0.05	0.05	0.05	OFF	0.05
19	OFF	0.06	0.05	0.04	0.03	OFF	0.06
20	OFF	0.04	0.04	0.03	0.03	OFF	0.04
21	OFF	0.03	0.03	0.03	0.03	OFF	0.03
22	OFF	0.04	0.04	0.04	0.04	OFF	0.04
23	OFF	0.12	0.04	0.03	0.03	0.03	0.12
24	0.03	0.11	0.04	0.04	0.04	OFF	0.11
25	OFF	0.04	0.04	0.04	0.03	OFF	0.04
26	OFF	0.04	0.04	0.03	0.03	OFF	0.04
27	OFF	0.03	0.03	0.03	OFF	OFF	0.03
28	OFF	0.03	0.03	0.03	0.03	OFF	0.03
29	OFF	0.03	0.03	0.03	0.02	OFF	0.03
30	0.03	0.10	0.03	0.03	0.02	0.02	0.10
31	OFF	0.08	0.03	0.03	0.03	OFF	0.08

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 ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:	PRINTED NAME: James J. Youravish	
	SIGNATURE: 	4-1-2021
	PHONE #: (541) 347-3007	CERT #: T-09155

¹ 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. ² 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:	21-Mar	Disinfection <i>Giardia</i> Log Inactiv:	0.5
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1	0.63	445	280.4	9.8	7.55	22.7	YES	838
2	0.67	445	298.2	9.7	7.57	23.1	YES	1185
3	0.71	445	316.0	9.7	7.58	23.3	YES	1210
4	0.7	445	311.5	9.9	7.62	23.3	YES	723
5	0.86	445	382.7	10.0	7.59	23.4	YES	595
6	0.84	445	373.8	9.7	7.57	23.6	YES	537
7	0.82	445	364.9	9.9	7.71	24.4	YES	561
8	0.81	445	360.5	9.9	7.67	24.0	YES	662
9	0.78	445	347.1	9.5	7.66	24.5	YES	862
10	0.76	445	338.2	9.2	7.74	25.7	YES	732
11	0.76	445	338.2	9.5	7.70	24.8	YES	562
12	0.75	445	333.8	9.8	7.65	23.9	YES	627
13	0.75	445	333.8	9.5	7.64	24.3	YES	568
14	0.75	445	333.8	9.9	7.61	23.4	YES	567
15	0.73	445	324.9	9.9	7.59	23.2	YES	558
16	0.74	445	329.3	9.7	7.57	23.3	YES	583
17	0.75	445	333.8	9.8	7.59	23.4	YES	546
18	0.76	445	338.2	9.9	7.57	23.1	YES	533
19	0.75	445	333.8	9.9	7.59	23.2	YES	536
20	0.73	445	324.9	9.8	7.57	23.2	YES	566
21	0.73	445	324.9	9.9	7.56	22.9	YES	572
22	0.73	445	324.9	10.1	7.53	22.4	YES	729
23	0.73	445	324.9	9.9	7.52	22.6	YES	580
24	0.75	445	333.8	9.7	7.51	22.9	YES	613
25	0.75	445	333.8	10.1	7.50	22.2	YES	554
26	0.75	445	333.8	9.9	7.51	22.6	YES	602
27	0.75	445	333.8	10.1	7.50	22.2	YES	614
28	0.75	445	333.8	10.3	7.47	21.7	YES	582
29	0.75	445	333.8	10.4	7.42	21.2	YES	551
30	0.76	445	338.2	9.9	7.42	21.9	YES	563
31	0.78	445	347.1	9.9	7.37	21.6	YES	824

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised October 2013