

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: COOS

Conventional or Direct Filtration

Month/Year: Apr-21

System Name:	Bandon, City of		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 ¹ [NTU]	
1	OFF	0.03	0.03	0.09	0.03	OFF	0.09	
2	OFF	0.03	0.03	0.03	0.02	OFF	0.03	
3	OFF	0.02	0.03	0.02	0.02	0.02	0.03	
4	OFF	0.02	0.02	0.02	0.02	OFF	0.02	
5	OFF	0.02	0.02	0.02	0.02	0.02	0.02	
6	0.02	0.10	0.02	0.02	0.02	0.02	0.10	
7	0.02	0.09	0.02	0.02	0.02	OFF	0.09	
8	OFF	0.02	0.02	0.02	0.02	OFF	0.02	
9	0.02	0.02	0.02	0.02	0.02	OFF	0.02	
10	OFF	0.02	0.02	0.02	0.02	OFF	0.02	
11	OFF	0.02	0.03	0.03	0.03	OFF	0.03	
12	OFF	0.03	0.03	0.03	0.08	0.03	0.08	
13	0.02	0.08	0.02	0.02	0.02	OFF	0.08	
14	OFF	0.02	0.02	0.02	0.02	0.02	0.02	
15	OFF	0.02	0.02	0.02	0.02	OFF	0.02	
16	OFF	0.02	0.02	0.02	0.02	OFF	0.02	
17	OFF	0.08	0.02	0.03	0.03	OFF	0.08	
18	0.02	0.09	0.02	0.13	OFF	OFF	0.13	
19	OFF	0.02	0.02	0.04	0.02	OFF	0.04	
20	OFF	0.02	0.02	0.02	0.02	0.02	0.02	
21	OFF	0.07	0.02	0.02	0.02	OFF	0.07	
22	0.02	0.06	0.02	0.02	0.02	OFF	0.06	
23	OFF	0.02	0.02	0.02	0.02	OFF	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	0.02	0.06	0.02	0.04	0.02	OFF	0.06	
27	0.02	0.06	0.02	0.02	0.02	0.03	0.06	
28	OFF	0.03	0.03	0.03	OFF	OFF	0.03	
29	0.03	0.06	0.03	0.06	0.03	0.02	0.06	
30	0.02	0.03	0.02	0.03	0.02	OFF	0.03	
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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: <i>[Signature]</i>	DATE: 5-4-2021
	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-Apr	Disinfection <i>Giardia</i> Log Inactiv:	0.5
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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
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.82	445	364.9	10.7	7.33	20.3	YES	781
2	0.85	445	378.3	10.8	7.32	20.1	YES	589
3	0.88	445	391.6	10.9	7.34	20.2	YES	589
4	0.89	445	396.1	11.0	7.33	20.0	YES	624
5	0.89	445	396.1	11.1	7.34	20.0	YES	1376
6	0.92	445	409.4	11.1	7.37	20.2	YES	730
7	0.98	445	436.1	11.2	7.45	20.8	YES	1146
8	0.93	445	413.9	11.3	7.70	22.5	YES	958
9	0.9	445	400.5	10.8	7.75	23.5	YES	617
10	0.87	445	387.2	11.0	7.77	23.3	YES	573
11	0.84	445	373.8	11.1	7.75	22.9	YES	611
12	0.82	445	364.9	11.4	7.84	23.1	YES	1573
13	0.8	445	356.0	11.3	7.74	22.4	YES	1658
14	0.78	445	347.1	11.2	7.76	22.7	YES	1684
15	0.76	445	338.2	11.7	7.76	21.9	YES	1075
16	0.74	445	329.3	11.8	7.76	21.7	YES	641
17	0.72	445	320.4	11.7	7.67	21.1	YES	563
18	0.71	445	316.0	11.8	7.56	20.2	YES	612
19	0.69	445	307.1	12.0	7.60	20.2	YES	805
20	0.68	445	302.6	12.2	7.42	18.7	YES	1290
21	0.68	445	302.6	12.1	7.34	18.3	YES	908
22	0.68	445	302.6	12.2	7.30	17.9	YES	1789
23	0.67	445	298.2	12.2	7.33	18.1	YES	595
24	0.66	445	293.7	12.3	7.25	17.5	YES	579
25	0.65	445	289.3	12.2	7.17	17.1	YES	574
26	0.64	445	284.8	12.0	7.24	17.7	YES	819
27	0.63	445	280.4	11.8	7.24	17.9	YES	1778
28	0.62	445	275.9	12.1	7.52	19.3	YES	1713
29	0.6	445	267.0	12.2	7.56	19.4	YES	1696
30	0.58	445	258.1	12.3	7.61	19.6	YES	684
31		445						

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

Revised October 2013