

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **COOS**
 Month/Year: **Aug-21**

Conventional or Direct Filtration

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	0.04	0.11	0.04	0.03	0.03	0.11
2	OFF	0.04	0.05	0.04	0.05	OFF	0.05
3	OFF	0.04	0.06	0.04	0.08	0.03	0.08
4	OFF	0.04	0.04	0.03	0.03	OFF	0.04
5	0.04	0.09	0.04	0.04	0.04	OFF	0.09
6	0.04	0.08	0.04	0.04	0.04	0.04	0.08
7	OFF	0.05	0.04	0.05	0.04	0.04	0.05
8	0.04	0.04	0.04	0.09	0.04	OFF	0.09
9	0.04	0.05	0.04	0.04	0.03	OFF	0.05
10	0.06	0.05	0.04	0.04	0.04	OFF	0.06
11	0.04	0.10	0.05	0.04	0.03	0.03	0.10
12	OFF	0.04	0.04	0.05	0.04	0.03	0.04
13	0.04	0.04	0.04	0.03	0.03	OFF	0.04
14	0.04	0.04	0.04	0.04	0.19	OFF	0.19
15	0.04	0.04	0.04	0.06	0.03	OFF	0.06
16	0.04	0.07	0.04	0.04	0.04	OFF	0.07
17	0.04	0.20	0.05	0.04	0.04	0.04	0.20
18	OFF	0.05	0.05	0.04	0.04	OFF	0.05
19	OFF	0.04	0.04	0.04	0.04	OFF	0.04
20	OFF	0.04	0.04	0.03	0.04	OFF	0.04
21	0.04	0.23	0.04	0.04	0.03	OFF	0.23
22	0.04	0.11	0.04	0.04	0.03	0.03	0.11
23	OFF	0.05	0.05	0.05	0.04	OFF	0.05
24	OFF	0.04	0.04	0.04	0.04	0.04	0.04
25	OFF	0.06	0.06	0.05	0.04	0.04	0.06
26	OFF	0.14	0.05	0.04	0.04	0.04	0.14
27	OFF	0.10	0.04	0.04	0.04	0.04	0.10
28	0.04	0.05	0.05	0.04	0.04	OFF	0.05
29	OFF	0.05	0.05	0.04	0.04	OFF	0.05
30	0.05	0.05	0.04	0.04	0.04	0.04	0.05
31	0.05	0.14	0.05	0.04	0.04	0.04	0.14

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings \leq 0.3 NTU? Yes/No	CT's met everyday? (see back) Yes/No	All Cl2 residual at entry point \geq 0.2 mg/l? Yes/No
All 4-hour turbidity readings \leq 1 NTU? Yes/No		
All turbidity readings < IFE ² triggers Yes/No		

Notes:	PRINTED NAME: JAMES J. YOURAVISH	
	SIGNATURE: <i>[Signature]</i>	DATE: 8-1-21
	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)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name:	Bandon, City of	ID#: 4100074	Month/Year:	Aug-21	WTP - : 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	0.66	445	293.7	16.6	7.70	15.3	YES	756
2	0.67	445	298.2	16.8	7.78	15.5	YES	859
3	0.69	445	307.1	16.7	7.73	15.4	YES	700
4	0.72	445	320.4	16.7	7.69	15.2	YES	784
5	0.71	445	316.0	16.8	7.74	15.4	YES	662
6	0.71	445	316.0	16.4	7.66	15.3	YES	676
7	0.69	445	307.1	16.7	7.70	15.2	YES	673
8	0.67	445	298.2	16.9	7.67	14.8	YES	768
9	0.63	445	280.4	16.7	7.65	14.8	YES	819
10	0.63	445	280.4	16.9	7.68	14.8	YES	926
11	0.64	445	284.8	17.0	7.67	14.7	YES	850
12	0.64	445	284.8	16.8	7.69	15.0	YES	959
13	0.64	445	284.8	16.4	7.68	15.3	YES	724
14	0.64	445	284.8	16.5	7.81	16.0	YES	664
15	0.64	445	284.8	16.4	7.67	15.3	YES	669
16	0.65	445	289.3	16.3	7.63	15.2	YES	923
17	0.64	445	284.8	16.4	7.64	15.1	YES	776
18	0.66	445	293.7	16.3	7.66	15.3	YES	1074
19	0.64	445	284.8	16.6	7.74	15.5	YES	924
20	0.6	445	267.0	16.5	7.74	15.5	YES	640
21	0.58	445	258.1	16.5	7.72	15.3	YES	602
22	0.57	445	253.7	16.5	7.68	15.1	YES	638
23	0.58	445	258.1	16.3	7.68	15.3	YES	770
24	0.59	445	262.6	16.2	7.77	16.0	YES	850
25	0.6	445	267.0	16.4	7.66	15.1	YES	720
26	0.6	445	267.0	16.1	7.61	15.2	YES	892
27	0.59	445	262.6	16.0	7.68	15.6	YES	664
28	0.55	445	244.8	16.2	7.85	16.4	YES	705
29	0.53	445	235.9	16.2	7.76	15.8	YES	794
30	0.53	445	235.9	16.0	7.84	16.5	YES	755
31	0.51	445	227.0	15.5	7.71	16.2	YES	782

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

Revised October 2013