

OHA - Drinking Water Services - Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: COOS

Month/Year: Sep-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	0.05	0.10	0.05	0.04	0.04	0.04	0.10
2	OFF	0.05	0.05	0.04	0.04	OFF	0.05
3	0.05	0.05	0.05	0.04	0.04	OFF	0.05
4	0.05	0.05	0.05	0.11	0.04	OFF	0.11
5	OFF	0.05	0.05	0.04	0.03	0.03	0.05
6	OFF	0.14	0.04	0.03	0.03	0.03	0.14
7	0.04	0.10	0.04	0.03	0.04	0.04	0.10
8	0.04	0.04	0.04	0.04	0.04	OFF	0.04
9	OFF	0.04	0.04	0.04	0.03	OFF	0.04
10	OFF	0.04	0.04	0.03	0.03	OFF	0.04
11	OFF	0.04	0.04	0.03	0.03	0.03	0.04
12	0.04	0.12	0.04	0.03	0.03	OFF	0.12
13	0.04	0.11	0.04	0.03	0.03	OFF	0.11
14	OFF	0.04	0.04	0.04	0.03	0.03	0.04
15	OFF	0.04	0.04	0.03	OFF	OFF	0.04
16	OFF	0.04	0.04	0.03	0.03	OFF	0.04
17	OFF	0.04	0.04	0.03	0.03	OFF	0.04
18	0.04	0.12	0.04	0.04	OFF	OFF	0.12
19	0.04	0.10	0.05	0.04	0.04	OFF	0.10
20	OFF	0.04	0.04	0.04	0.03	OFF	0.04
21	OFF	0.04	0.04	0.03	0.03	OFF	0.04
22	OFF	0.04	0.04	0.03	0.03	OFF	0.04
23	OFF	0.10	0.04	0.03	0.03	OFF	0.10
24	OFF	0.12	0.04	0.03	0.03	OFF	0.12
25	OFF	0.03	0.03	0.03	OFF	OFF	0.03
26	OFF	0.03	0.03	0.03	0.28	OFF	0.03
27	OFF	0.03	0.03	0.03	0.03	OFF	0.03
28	OFF	0.03	0.03	0.03	0.03	OFF	0.03
29	0.04	0.14	0.04	0.03	0.03	OFF	0.14
30	OFF	0.11	0.04	0.03	0.03	OFF	0.11
31							

<p>Conventional or Direct Filtration</p> <p>95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p>All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p>All turbidity readings < IFE² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No</p>		<p>Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p>All Cl₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p>	
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Notes:

PRINTED NAME: JAMES J. YOURAVISH

SIGNATURE: *[Signature]* DATE: 10-1-2021

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)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name:	Bandon, City of	ID#: 4100074	Month/Year:	Sep-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	0.49	445	218.1	15.7	7.70	15.9	YES	933
2	0.46	445	204.7	15.4	7.72	16.3	YES	765
3	0.49	445	218.1	15.4	7.79	16.8	YES	739
4	0.47	445	209.2	15.1	7.79	17.1	YES	822
5	0.45	445	200.3	14.9	7.77	17.1	YES	695
6	0.49	445	218.1	14.9	7.83	17.6	YES	655
7	0.54	445	240.3	15.2	7.87	17.6	YES	644
8	0.56	445	249.2	15.1	7.79	17.2	YES	669
9	0.55	445	244.8	15.0	7.83	17.6	YES	675
10	0.55	445	244.8	15.1	7.90	17.9	YES	610
11	0.56	445	249.2	15.3	7.78	17.0	YES	626
12	0.59	445	262.6	15.4	7.77	16.8	YES	608
13	0.6	445	267.0	15.4	7.78	16.9	YES	671
14	0.59	445	262.6	15.3	7.81	17.2	YES	702
15	0.6	445	267.0	15.2	7.76	17.0	YES	733
16	0.57	445	253.7	15.0	7.76	17.2	YES	741
17	0.57	445	253.7	14.3	7.69	17.5	YES	760
18	0.58	445	258.1	15.0	7.72	17.0	YES	558
19	0.58	445	258.1	14.6	7.73	17.5	YES	592
20	0.61	445	271.5	14.6	7.65	17.0	YES	637
21	0.62	445	275.9	14.3	7.66	17.5	YES	692
22	0.63	445	280.4	14.9	7.71	17.1	YES	645
23	0.6	445	267.0	14.7	7.86	18.3	YES	686
24	0.58	445	258.1	14.4	7.88	18.7	YES	710
25	0.56	445	249.2	14.9	7.91	18.3	YES	518
26	0.52	445	231.4	14.9	7.95	18.5	YES	616
27	0.53	445	235.9	14.5	7.96	19.0	YES	958
28	0.51	445	227.0	14.6	8.01	19.2	YES	639
29	0.44	445	195.8	14.5	7.93	18.6	YES	748
30	0.5	445	222.5	14.5	7.52	16.1	YES	654
31		445					NO	

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