

OHA - Drinking Water Services -Turbidity Monitoring Report Form

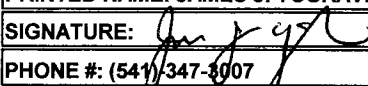
County: **COOS**

Conventional or Direct Filtration

Month/Year: **Nov-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	0.14	0.04	0.04	0.04	OFF	0.14
2	OFF	0.09	0.05	0.04	0.04	OFF	0.09
3	OFF	0.03	0.04	0.04	0.04	OFF	0.04
4	OFF	0.04	0.04	0.05	OFF	OFF	0.05
5	OFF	0.06	0.06	0.05	OFF	OFF	0.06
6	OFF	0.05	0.05	0.04	OFF	OFF	0.05
7	OFF	0.04	0.04	0.03	OFF	OFF	0.04
8	OFF	0.03	0.03	0.04	0.04	OFF	0.04
9	OFF	0.08	0.05	0.04	0.05	OFF	0.08
10	OFF	0.05	0.08	0.07	0.07	OFF	0.08
11	OFF	OFF	0.17	0.18	0.11	OFF	0.18
12	OFF	0.15	0.17	0.10	0.06	OFF	0.17
13	OFF	0.09	0.08	0.05	OFF	OFF	0.09
14	OFF	0.06	0.06	0.05	0.04	OFF	0.06
15	OFF	0.05	0.05	0.05	0.04	OFF	0.05
16	OFF	0.07	0.07	0.06	0.05	OFF	0.07
17	OFF	0.07	0.08	0.06	0.06	OFF	0.08
18	OFF	0.05	0.06	0.05	OFF	OFF	0.06
19	OFF	0.05	0.05	0.05	0.04	OFF	0.05
20	OFF	0.04	0.05	0.05	0.04	OFF	0.05
21	OFF	0.04	0.04	0.04	0.04	OFF	0.04
22	OFF	0.04	0.04	0.04	0.04	OFF	0.04
23	OFF	0.037	0.04	0.04	0.04	OFF	0.04
24	0.04	0.15	0.04	0.04	OFF	OFF	0.15
25	0.04	* 0.11	0.04	0.04	OFF	OFF	0.11
26	OFF	0.04	0.04	0.04	0.03	OFF	0.04
27	OFF	0.04	0.04	0.04	0.03	OFF	0.04
28	OFF	OFF	0.04	0.04	0.03	OFF	0.04
29	OFF	0.03	0.04	0.03	0.03	OFF	0.04
30	OFF	0.04	0.04	0.04	0.03	OFF	0.04
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 ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:	PRINTED NAME: JAMES J. YOURAVISH	
	SIGNATURE: 	DATE: 12-5-21
	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: Nov-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 [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	0.5	445	222.5	12.7	7.70	19.4	YES	1382
2	0.59	445	262.6	12.7	7.65	19.3	YES	928
3	0.65	445	289.3	12.8	7.58	18.8	YES	1052
4	0.68	445	302.6	12.8	7.53	18.5	YES	612
5	0.71	445	316.0	12.5	7.52	18.9	YES	655
6	0.69	445	307.1	12.6	7.49	18.5	YES	603
7	0.69	445	307.1	12.5	7.45	18.3	YES	570
8	0.66	445	293.7	11.9	7.40	18.9	YES	726
9	0.61	445	271.5	12.1	7.29	17.8	YES	612
10	0.57	445	253.7	12.0	7.29	17.9	YES	608
11	0.5	445	222.5	12.0	7.35	18.1	YES	676
12	0.45	445	200.3	11.8	7.39	18.5	YES	576
13	0.41	445	182.5	11.8	7.40	18.5	YES	627
14	0.38	445	169.1	12.2	7.45	18.2	YES	608
15	0.38	445	169.1	12.5	7.46	17.8	YES	580
16	0.46	445	204.7	12.5	7.54	18.5	YES	968
17	0.51	445	227.0	11.8	7.47	19.1	YES	1025
18	0.6	445	267.0	12.2	7.53	19.2	YES	541
19	0.61	445	271.5	11.9	7.61	20.2	YES	679
20	0.62	445	275.9	11.7	7.68	21.0	YES	847
21	0.63	445	280.4	11.5	7.75	21.8	YES	639
22	0.67	445	298.2	11.3	7.81	22.7	YES	657
23	0.71	445	316.0	11.2	7.90	23.7	YES	820
24	0.72	445	320.4	10.9	7.96	24.7	YES	550
25	0.76	445	338.2	10.6	8.03	25.9	YES	556
26	0.8	445	356.0	10.6	8.08	26.5	YES	588
27	0.81	445	360.5	10.5	8.16	27.5	YES	603
28	0.8	445	356.0	10.6	8.10	26.7	YES	608
29	0.78	445	347.1	10.5	8.02	26.1	YES	658
30	0.77	445	342.7	10.7	8.01	25.6	YES	740
31		445					NO	

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