

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: COOS

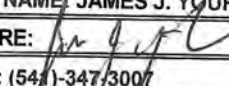
Month/Year: Jan-21

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

<p>Conventional or Direct Filtration</p> <p>95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All turbidity readings < IFE² triggers <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p>		<p>Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p>	
<p>Notes:</p>		<p>PRINTED NAME: JAMES J. YOURAVISH</p> <p>SIGNATURE: </p> <p>PHONE #: (541)-347-3007</p>	
		<p>DATE: 2-1-2022</p> <p>CERT #: T-09155</p>	

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:	Jan-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	0.44	445	195.8	8.1	7.38	23.4	YES	561
2	0.5	445	222.5	8.1	7.46	24.3	YES	520
3	0.54	445	240.3	8.2	7.51	24.7	YES	747
4	0.6	445	267.0	8.3	7.61	25.6	YES	523
5	0.62	445	275.9	7.8	7.68	27.2	YES	1096
6	0.66	445	293.7	8.6	7.82	27.2	YES	1575
7	0.69	445	307.1	8.6	7.96	28.7	YES	673
8	0.75	445	333.8	8.8	8.05	29.5	YES	570
9	0.76	445	338.2	9.1	8.04	28.8	YES	549
10	0.75	445	333.8	9.2	7.99	28.1	YES	1146
11	0.75	445	333.8	9.3	7.93	27.3	YES	595
12	0.76	445	338.2	9.1	7.87	27.1	YES	907
13	0.78	445	347.1	9.6	7.82	25.8	YES	916
14	0.84	445	373.8	9.6	7.84	26.2	YES	710
15	0.87	445	387.2	9.7	7.86	26.3	YES	541
16	0.88	445	391.6	9.7	7.83	26.0	YES	653
17	0.9	445	400.5	9.8	7.78	25.4	YES	625
18	0.92	445	409.4	9.8	7.72	25.0	YES	1674
19	0.91	445	405.0	9.7	7.67	24.6	YES	962
20	0.92	445	409.4	9.4	7.64	24.9	YES	1007
21	0.89	445	396.1	9.5	7.65	24.7	YES	626
22	0.89	445	396.1	9.7	7.66	24.5	YES	935
23	0.87	445	387.2	9.9	7.65	24.0	YES	568
24	0.88	445	391.6	9.9	7.63	23.9	YES	1099
25	0.89	445	396.1	9.8	7.62	24.0	YES	850
26	0.89	445	396.1	9.8	7.67	24.4	YES	565
27	0.89	445	396.1	9.7	7.71	24.9	YES	1176
28	0.91	445	405.0	8.9	7.75	26.8	YES	632
29	0.91	445	405.0	9.2	7.77	26.4	YES	563
30	0.93	445	413.9	9.2	7.78	26.6	YES	929
31	0.93	445	413.9	9.1	7.78	26.7	YES	676

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