OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: COOS

Month/Year: Apr-22

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	0.05	0.05	0.05	0.05	OFF	0.05
2	OFF	0.07	0.07	0.05	0.05	OFF	0.07
3	OFF	0.06	0.33	0.05	0.05	OFF	0.33
4	OFF	0.06	0.05	0.05	0.05	OFF	0.06
5	OFF	0.06	0.06	0.05	0.05	OFF	0.06
6	OFF	0.05	0.06	0.05	0.04	OFF	0.06
7	OFF	0.05	0.05	0.04	0.04	OFF	0.05
8	OFF	0.05	0.04	0.04	OFF	OFF	0.05
9	OFF	0.05	0.05	0.04	0.04	OFF	0.05
10	OFF	0.05	0.06	0.04	0.04	OFF	0.06
11	OFF	0.07	0.06	0.08	0.04	OFF	0.08
12	OFF	0.05	0.05	0.05	OFF	OFF	0.05
13	OFF	0.06	0.06	0.06	OFF	OFF	0.06
14	OFF	0.05	0.05	0.05	OFF	OFF	0.05
15	OFF	0.05	0.05	0.05	OFF	OFF	0.05
16	OFF	0.05	0.05	0.05	0.05	OFF	0.05
17	OFF	0.05	0.05	0.05	OFF	OFF	0.05
18	OFF	0.06	0.06	0.05	0.05	OFF	0.06
19	0.05	0.07	0.06	0.06	0.06	OFF	0.07
20	OFF	0.08	0.13	0.11	0.05	OFF	0.13
21	OFF	OFF	0.05	0.05	0.04	OFF	0.05
22	OFF	0.05	0.05	0.05	0.04	OFF	0.05
23	OFF	0.05	0.05	0.05	0.04	OFF	0.05
24	OFF	0.05	0.05	0.05	0.05	OFF	0.05
25	OFF	0.05	0.06	0.05	0.05	OFF	0.06
26	OFF	0.05	0.05	0.05	0.04	OFF	0.05
27	OFF	0.05	0.05	0.05	0.04	OFF	0.05
28	OFF	0.06	0.06	0.05	0.04	OFF	0.06
29	OFF	0.07	0.06	0.05	0.04	OFF	0.07
30	OFF	0.05	0.05	0.05	OFF	OFF	0.05
31							

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

Notes:

PRINTED NAME: JAMES J. YOURAVISH

SIGNATURE: [signature] **DATE:** 5-3-22

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:	Apr-22	WTP - : Disinfection *Giardia* Log Inactiv:	0.5

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	0.67	424	284.1	12.4	7.37	18.1	YES	636
2	0.73	424	309.5	12.4	7.39	18.3	YES	649
3	0.81	424	343.4	12.3	7.41	18.8	YES	594
4	0.85	424	360.4	12.3	7.43	19.0	YES	1419
5	0.82	424	347.7	11.9	7.50	19.9	YES	1187
6	0.93	424	394.3	12.1	7.56	20.3	YES	875
7	0.93	424	394.3	11.8	7.53	20.5	YES	744
8	0.94	424	398.6	12.4	7.53	19.7	YES	624
9	0.92	424	390.1	12.4	7.45	19.1	YES	821
10	0.92	424	390.1	12.4	7.47	19.3	YES	806
11	0.89	424	377.4	12.2	7.46	19.4	YES	1007
12	0.92	424	390.1	12.1	7.46	19.6	YES	891
13	0.92	424	390.1	11.4	7.44	20.3	YES	566
14	0.91	424	385.8	11.7	7.51	20.4	YES	599
15	0.89	424	377.4	11.5	7.40	19.9	YES	589
16	0.87	424	368.9	11.5	7.31	19.2	YES	568
17	0.84	424	356.2	11.5	7.35	19.4	YES	589
18	0.08	424	33.9	11.6	7.39	18.0	YES	532
19	0.79	424	335.0	11.4	7.37	19.6	YES	1089
20	0.75	424	318.0	11.3	7.47	20.3	YES	565
21	0.73	424	309.5	11.3	7.50	20.5	YES	953
22	0.69	424	292.6	11.3	7.41	19.7	YES	617
23	0.67	424	284.1	11.4	7.45	19.8	YES	612
24	0.63	424	267.1	11.6	7.42	19.3	YES	566
25	0.6	424	254.4	11.9	7.38	18.6	YES	597
26	0.57	424	241.7	12.0	7.35	18.2	YES	787
27	0.55	424	233.2	11.5	7.39	19.1	YES	848
28	0.54	424	229.0	12.3	7.25	17.2	YES	781
29	0.56	424	237.4	12.5	7.28	17.0	YES	568
30	0.6	424	254.4	12.6	7.29	17.0	YES	569
31		424					NO	

[3] If Cl_2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised October 2013