

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **COOS**

Conventional or Direct Filtration

Month/Year: **Aug-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	0.09	0.04	OFF	0.09
2	OFF	0.06	0.09	0.05	0.08	0.04	0.09
3	OFF	0.07	0.05	0.04	0.06	OFF	0.07
4	0.06	0.13	0.06	0.08	0.04	OFF	0.13
5	0.05	0.08	0.06	0.04	0.05	0.05	0.08
6	OFF	0.06	0.08	0.08	0.05	OFF	0.08
7	0.04	0.05	0.04	0.04	0.04	OFF	0.05
8	0.05	0.04	0.20	0.07	0.06	OFF	0.20
9	OFF	0.07	0.05	0.05	0.04	0.04	0.07
10	OFF	0.09	0.05	0.04	0.05	0.05	0.09
11	OFF	0.04	0.05	0.04	0.04	OFF	0.05
12	0.04	0.04	0.04	0.04	0.03	OFF	0.04
13	0.04	0.04	0.04	0.03	0.03	0.03	0.04
14	0.04	0.05	0.04	0.04	0.04	OFF	0.05
15	0.04	0.06	0.04	0.04	0.04	0.04	0.06
16	OFF	0.04	0.04	0.04	0.04	OFF	0.04
17	0.04	0.04	0.04	0.04	0.04	OFF	0.04
18	0.04	0.04	0.04	0.04	0.04	OFF	0.04
19	OFF	0.04	0.04	0.04	0.04	OFF	0.04
20	0.04	0.04	0.04	0.04	0.04	0.04	0.04
21	OFF	0.06	0.04	0.04	0.04	0.04	0.06
22	OFF	0.04	0.04	0.04	0.04	OFF	0.04
23	OFF	0.04	0.04	0.04	0.04	0.04	0.04
24	0.04	0.04	0.04	0.04	0.03	OFF	0.04
25	0.04	0.04	0.04	0.04	0.04	OFF	0.04
26	0.04	0.05	0.04	0.04	0.03	OFF	0.05
27	OFF	0.04	0.04	0.03	OFF	OFF	0.04
28	0.04	0.04	0.04	0.03	0.03	0.03	0.04
29	OFF	0.04	0.04	0.03	0.03	0.03	0.04
30	OFF	0.04	0.09	0.03	0.03	OFF	0.09
31	OFF	0.04	0.04	0.03	0.03	OFF	0.04

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) Yes/No	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes/No
All 4-hour turbidity readings ≤ 1 NTU? Yes/No		
All turbidity readings < IFE ² triggers Yes/No		

Notes:	PRINTED NAME: JAMES J. YOURAVISH	
	SIGNATURE: <i>[Signature]</i>	DATE: 9-1-22
	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: Aug-22	WTP - : Disinfection <i>Giardia</i> 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	0.88	424	373.1	16.5	7.70	15.8	YES	861
2	0.85	424	360.4	16.4	7.80	16.4	YES	757
3	0.86	424	364.6	16.3	7.71	16.0	YES	1080
4	0.85	424	360.4	16.4	7.70	15.8	YES	837
5	0.87	424	368.9	16.1	7.70	16.2	YES	938
6	0.93	424	394.3	16.4	7.72	16.1	YES	814
7	0.92	424	390.1	16.7	7.73	15.8	YES	732
8	0.92	424	390.1	16.3	7.74	16.3	YES	861
9	0.93	424	394.3	16.3	7.73	16.2	YES	1170
10	0.93	424	394.3	16.2	7.75	16.5	YES	990
11	0.93	424	394.3	16.2	7.81	16.8	YES	1015
12	0.93	424	394.3	16.2	7.83	17.0	YES	795
13	0.92	424	390.1	16.3	7.82	16.8	YES	856
14	0.92	424	390.1	16.2	7.80	16.8	YES	756
15	0.93	424	394.3	16.5	7.80	16.4	YES	950
16	0.92	424	390.1	16.7	7.83	16.4	YES	933
17	0.91	424	385.8	16.8	7.85	16.4	YES	949
18	0.91	424	385.8	17.0	7.85	16.2	YES	966
19	0.91	424	385.8	16.7	7.81	16.2	YES	788
20	0.91	424	385.8	16.7	7.81	16.2	YES	976
21	0.91	424	385.8	16.7	7.82	16.3	YES	798
22	0.9	424	381.6	16.9	7.84	16.2	YES	935
23	0.89	424	377.4	16.8	7.85	16.3	YES	1033
24	0.88	424	373.1	17.0	7.85	16.1	YES	1017
25	0.86	424	364.6	17.0	7.83	16.0	YES	858
26	0.86	424	364.6	17.0	7.84	16.0	YES	752
27	0.86	424	364.6	16.9	7.84	16.1	YES	769
28	0.84	424	356.2	17.1	7.84	15.9	YES	819
29	0.87	424	368.9	16.8	7.80	16.0	YES	961
30	0.85	424	360.4	16.6	7.82	16.3	YES	822
31	0.89	424	377.4	16.4	7.85	16.8	YES	978

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

Revised October 2013