

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **COOS**
 Month/Year: **Nov-22**

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	0.06	0.06	0.06	0.06	OFF	0.06
2	OFF	0.06	0.10	0.06	0.05	OFF	0.10
3	OFF	OFF	0.10	0.10	0.06	0.05	0.10
4	OFF	OFF	0.06	0.06	0.05	OFF	0.06
5	OFF	0.07	0.06	0.05	0.05	OFF	0.07
6	OFF	OFF	0.12	0.11	0.09	0.06	0.12
7	OFF	OFF	0.06	0.05	0.05	OFF	0.06
8	OFF	0.06	0.07	0.06	0.06	OFF	0.07
9	OFF	0.07	0.08	0.07	0.07	OFF	0.08
10	OFF	OFF	0.07	0.07	0.07	OFF	0.07
11	OFF	OFF	0.10	0.10	0.07	OFF	0.10
12	OFF	OFF	0.10	0.08	0.07	OFF	0.10
13	OFF	OFF	0.06	0.06	0.05	OFF	0.06
14	OFF	OFF	0.06	0.06	0.05	OFF	0.06
15	OFF	0.06	0.06	0.05	0.05	OFF	0.06
16	OFF	0.05	0.07	0.06	0.05	OFF	0.07
17	OFF	OFF	0.07	0.06	0.05	OFF	0.07
18	OFF	OFF	0.05	0.05	0.04	OFF	0.05
19	OFF	0.05	0.05	0.04	0.04	OFF	0.05
20	OFF	OFF	0.05	0.04	0.04	OFF	0.05
21	OFF	OFF	0.04	0.04	0.03	OFF	0.04
22	OFF	OFF	0.04	0.03	0.03	OFF	0.04
23	OFF	0.04	0.05	0.04	0.03	OFF	0.05
24	OFF	0.04	0.05	0.04	0.03	OFF	0.05
25	OFF	OFF	0.04	0.04	0.03	OFF	0.04
26	OFF	OFF	0.04	0.03	0.03	OFF	0.04
27	OFF	OFF	0.04	0.03	0.03	OFF	0.04
28	OFF	OFF	0.04	0.03	0.03	OFF	0.04
29	OFF	0.04	0.04	0.04	0.03	OFF	0.04
30	OFF	0.04	0.05	0.04	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) 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: *[Signature]* DATE: **12-1-2022**

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-22	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	0.61	424	258.6	13.1	7.50	17.8	YES	659
2	0.66	424	279.8	13.1	7.46	17.6	YES	758
3	0.69	424	292.6	12.5	7.47	18.5	YES	802
4	0.78	424	330.7	12.7	7.48	18.5	YES	700
5	0.8	424	339.2	12.5	7.50	18.9	YES	631
6	0.79	424	335.0	12.5	7.54	19.2	YES	618
7	0.78	424	330.7	12.3	7.57	19.8	YES	661
8	0.75	424	318.0	12.1	7.57	19.9	YES	751
9	0.71	424	301.0	11.9	7.53	19.8	YES	807
10	0.67	424	284.1	11.7	7.49	19.7	YES	812
11	0.64	424	271.4	11.6	7.46	19.6	YES	642
12	0.61	424	258.6	11.4	7.46	19.8	YES	566
13	0.56	424	237.4	11.2	7.46	19.9	YES	576
14	0.54	424	229.0	11.1	7.46	20.0	YES	760
15	0.54	424	229.0	11.0	7.45	20.1	YES	705
16	0.54	424	229.0	10.9	7.50	20.6	YES	836
17	0.56	424	237.4	10.6	7.54	21.3	YES	992
18	0.6	424	254.4	10.5	7.64	22.3	YES	692
19	0.64	424	271.4	10.4	7.73	23.3	YES	630
20	0.64	424	271.4	10.2	7.78	24.0	YES	610
21	0.67	424	284.1	10.2	7.83	24.6	YES	787
22	0.73	424	309.5	10.2	7.89	25.3	YES	887
23	0.72	424	305.3	10.2	7.90	25.3	YES	886
24	0.75	424	318.0	10.2	7.92	25.6	YES	579
25	0.78	424	330.7	9.8	7.89	26.1	YES	653
26	0.78	424	330.7	10.2	7.88	25.3	YES	624
27	0.81	424	343.4	10.2	7.86	25.2	YES	566
28	0.8	424	339.2	10.2	7.84	25.0	YES	637
29	0.81	424	343.4	10.1	7.83	25.1	YES	753
30	0.82	424	347.7	10.1	7.81	25.0	YES	638
31		424					NO	

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

Revised October 2013