

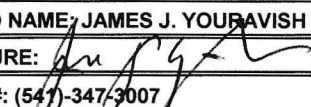
OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: COOS

Conventional or Direct Filtration

Month/Year: Dec-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 <sup>1</sup> [NTU]	
1	OFF	0.04	0.13	0.09	0.05	OFF	0.13	
2	OFF	OFF	0.05	0.04	0.04	OFF	0.05	
3	OFF	OFF	0.04	0.04	0.04	OFF	0.04	
4	OFF	OFF	0.04	0.04	0.04	OFF	0.04	
5	OFF	OFF	0.06	0.04	0.04	OFF	0.06	
6	OFF	0.09	0.05	0.05	OFF	OFF	0.09	
7	OFF	0.15	0.06	0.05	0.05	OFF	0.15	
8	OFF	0.05	0.07	0.06	0.05	OFF	0.07	
9	OFF	OFF	0.08	OFF	0.13	0.13	0.13	
10	OFF	OFF	0.10	0.09	0.06	OFF	0.10	
11	OFF	OFF	0.06	0.06	0.04	OFF	0.06	
12	OFF	OFF	0.04	0.04	0.04	OFF	0.04	
13	OFF	OFF	0.04	0.04	0.04	OFF	0.04	
14	OFF	OFF	0.04	0.04	0.04	OFF	0.04	
15	OFF	0.06	0.09	0.08	0.07	0.06	0.09	
16	OFF	0.10	0.10	0.07	0.05	OFF	0.10	
17	OFF	OFF	0.06	0.05	0.04	OFF	0.06	
18	OFF	OFF	0.05	0.05	0.04	OFF	0.05	
19	OFF	OFF	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	0.04	OFF	0.04	
22	OFF	OFF	0.05	0.05	0.04	OFF	0.05	
23	OFF	0.05	0.06	0.06	0.05	OFF	0.06	
24	OFF	0.05	0.08	0.07	0.06	OFF	0.08	
25	OFF	OFF	0.05	0.06	0.05	OFF	0.05	
26	OFF	OFF	0.06	0.06	0.05	OFF	0.06	
27	OFF	OFF	0.08	0.06	0.06	OFF	0.08	
28	OFF	OFF	0.05	0.04	0.04	OFF	0.05	
29	OFF	OFF	0.04	0.04	0.03	OFF	0.04	
30	OFF	OFF	0.04	0.03	0.03	OFF	0.04	
31	OFF	0.04	0.06	0.04	0.05	OFF	0.06	

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings $\leq$ 0.3 NTU? <span style="float:right"><input checked="" type="radio"/> Yes / <input type="radio"/> No</span>	CT's met everyday? (see back) <span style="float:right"><input checked="" type="radio"/> Yes / <input type="radio"/> No</span>	All Cl2 residual at entry point $\geq$ 0.2 mg/l? <span style="float:right"><input checked="" type="radio"/> Yes / <input type="radio"/> No</span>
All 4-hour turbidity readings $\leq$ 1 NTU? <span style="float:right"><input checked="" type="radio"/> Yes / <input type="radio"/> No</span>		
All turbidity readings < IFE <sup>2</sup> triggers <span style="float:right"><input checked="" type="radio"/> Yes / <input type="radio"/> No</span>		
Notes:	PRINTED NAME: JAMES J. YOURAVISH	
	SIGNATURE: 	DATE: 1-4-23
	PHONE #: (541)-347-3007	CERT #: T-09155

<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

System Name:	Bandon, City of	ID#: 4100074	Month/Year:	Dec-22	Disinfection <i>Giardia</i> Log Inactiv:	0.5
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.85	424	360.4	10.0	7.81	25.2	YES	564
2	0.87	424	368.9	9.8	7.78	25.3	YES	692
3	0.87	424	368.9	9.7	7.70	24.8	YES	590
4	0.85	424	360.4	9.8	7.60	23.7	YES	1067
5	0.82	424	347.7	9.8	7.46	22.5	YES	596
6	0.8	424	339.2	9.7	7.42	22.3	YES	632
7	0.77	424	326.5	9.7	7.36	21.7	YES	677
8	0.73	424	309.5	9.8	7.34	21.4	YES	551
9	0.71	424	301.0	9.0	7.34	22.5	YES	519
10	0.69	424	292.6	9.1	7.35	22.3	YES	682
11	0.64	424	271.4	9.5	7.34	21.6	YES	509
12	0.62	424	262.9	9.5	7.32	21.4	YES	587
13	0.6	424	254.4	9.4	7.32	21.5	YES	539
14	0.56	424	237.4	9.4	7.29	21.1	YES	679
15	0.54	424	229.0	9.3	7.25	20.9	YES	790
16	0.55	424	233.2	9.2	7.23	20.9	YES	584
17	0.55	424	233.2	9.0	7.28	21.6	YES	557
18	0.56	424	237.4	9.0	7.34	22.1	YES	569
19	0.55	424	233.2	8.8	7.38	22.7	YES	1360
20	0.58	424	245.9	8.9	7.45	23.2	YES	903
21	0.58	424	245.9	8.8	7.48	23.6	YES	773
22	0.6	424	254.4	8.9	7.52	23.8	YES	659
23	0.6	424	254.4	9.1	7.53	23.6	YES	927
24	0.6	424	254.4	9.3	7.55	23.4	YES	541
25	0.63	424	267.1	9.9	7.58	22.8	YES	516
26	0.64	424	271.4	10.2	7.59	22.5	YES	625
27	0.66	424	279.8	10.7	7.58	21.7	YES	586
28	0.67	424	284.1	10.9	7.56	21.3	YES	647
29	0.67	424	284.1	10.9	7.50	20.9	YES	628
30	0.66	424	279.8	11.1	7.46	20.3	YES	682
31	0.65	424	275.6	11.1	7.38	19.7	YES	616

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised October 2013