

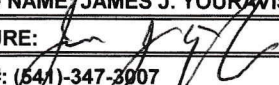
OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: COOS

Conventional or Direct Filtration

Month/Year: Feb-23

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	0.04	0.05	0.04	0.04	OFF	0.05	
3	OFF	0.04	0.06	0.05	0.04	OFF	0.06	
4	OFF	OFF	0.06	0.05	0.04	OFF	0.06	
5	OFF	OFF	0.05	0.04	0.04	OFF	0.05	
6	OFF	OFF	0.05	0.04	0.04	OFF	0.05	
7	OFF	OFF	0.04	0.04	0.04	OFF	0.04	
8	OFF	0.04	0.05	0.04	0.04	OFF	0.05	
9	OFF	0.04	0.05	0.04	0.04	OFF	0.05	
10	OFF	OFF	0.04	0.04	0.04	OFF	0.04	
11	OFF	OFF	0.04	0.04	OFF	OFF	0.04	
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	0.04	0.05	0.04	0.04	OFF	0.05	
15	OFF	0.04	0.05	0.04	0.04	OFF	0.05	
16	OFF	OFF	0.05	0.04	0.04	OFF	0.05	
17	OFF	OFF	0.04	0.04	OFF	OFF	0.04	
18	OFF	OFF	0.04	0.04	0.04	OFF	0.04	
19	OFF	OFF	0.04	0.04	0.03	OFF	0.04	
20	OFF	OFF	0.04	0.04	0.03	OFF	0.04	
21	OFF	0.04	0.05	0.04	0.04	OFF	0.05	
22	OFF	0.04	0.05	0.04	OFF	OFF	0.05	
23	OFF	0.05	0.05	0.04	OFF	OFF	0.05	
24	OFF	0.05	0.05	0.04	OFF	OFF	0.05	
25	OFF	0.05	0.05	0.04	OFF	OFF	0.05	
26	OFF	0.05	0.05	0.04	OFF	OFF	0.05	
27	OFF	0.05	0.06	0.04	0.04	OFF	0.06	
28	OFF	0.04	0.07	0.05	0.04	OFF	0.07	
29								
30								
31								

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings \leq 0.3 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl2 residual at entry point \geq 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
All 4-hour turbidity readings \leq 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes <input type="radio"/> No		
Notes:	PRINTED NAME: JAMES J. YOURAWISH	
	SIGNATURE: 	DATE: 3-3-2023
	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

WTP - :

System Name:	Bandon, City of	ID#: 4100074	Month/Year:	Feb-23	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	0.86	424	364.6	8.8	7.54	24.8	YES	834
2	0.88	424	373.1	9.2	7.60	24.8	YES	1106
3	0.93	424	394.3	9.1	7.72	26.2	YES	550
4	0.94	424	398.6	9.3	7.79	26.5	YES	527
5	0.91	424	385.8	9.4	7.82	26.5	YES	513
6	0.89	424	377.4	9.4	7.84	26.7	YES	597
7	0.86	424	364.6	9.5	7.87	26.7	YES	739
8	0.85	424	360.4	9.6	7.88	26.6	YES	640
9	0.83	424	351.9	9.7	7.86	26.1	YES	634
10	0.82	424	347.7	9.9	7.86	25.8	YES	498
11	0.79	424	335.0	9.6	7.80	25.6	YES	536
12	0.78	424	330.7	10.0	7.80	24.9	YES	547
13	0.79	424	335.0	10.2	7.79	24.5	YES	578
14	0.78	424	330.7	9.7	7.76	25.1	YES	766
15	0.78	424	330.7	10.0	7.75	24.5	YES	558
16	0.76	424	322.2	9.4	7.76	25.5	YES	564
17	0.76	424	322.2	9.8	7.76	24.9	YES	533
18	0.76	424	322.2	9.7	7.69	24.4	YES	585
19	0.77	424	326.5	9.7	7.69	24.4	YES	592
20	0.76	424	322.2	9.6	7.66	24.3	YES	635
21	0.75	424	318.0	10.0	7.61	23.2	YES	557
22	0.75	424	318.0	9.8	7.57	23.2	YES	686
23	0.74	424	313.8	9.6	7.53	23.2	YES	438
24	0.75	424	318.0	9.4	7.46	22.9	YES	552
25	0.75	424	318.0	9.2	7.41	22.8	YES	561
26	0.77	424	326.5	9.2	7.36	22.5	YES	514
27	0.78	424	330.7	9.1	7.35	22.6	YES	544
28	0.78	424	330.7	9.0	7.35	22.7	YES	893
29		424					NO	
30		424					NO	
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