

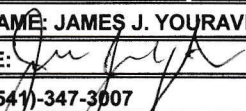
OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: COOS

Conventional or Direct Filtration

Month/Year: Jun-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	0.05	0.04	0.03	0.03	OFF	0.05	
2	OFF	0.04	0.05	0.03	0.03	0.03	0.05	
3	OFF	0.04	0.04	0.03	0.03	OFF	0.04	
4	OFF	0.04	0.03	0.03	0.03	OFF	0.04	
5	OFF	0.07	0.05	0.04	0.03	0.03	0.07	
6	OFF	0.04	0.05	0.04	0.03	OFF	0.05	
7	OFF	0.04	0.04	0.04	0.04	OFF	0.04	
8	OFF	0.06	0.06	0.04	0.03	OFF	0.06	
9	OFF	0.05	0.05	0.04	0.03	OFF	0.05	
10	OFF	0.04	0.05	0.04	0.03	OFF	0.05	
11	OFF	0.04	0.05	0.04	0.03	OFF	0.05	
12	OFF	0.06	0.05	0.03	0.03	0.03	0.06	
13	OFF	0.04	0.04	0.03	0.03	OFF	0.04	
14	OFF	0.04	0.03	0.03	0.03	OFF	0.04	
15	OFF	0.04	0.04	0.03	0.03	0.03	0.04	
16	OFF	0.05	0.04	0.03	0.03	0.03	0.05	
17	OFF	0.04	0.04	0.03	0.03	OFF	0.04	
18	OFF	0.05	0.04	0.03	0.03	0.03	0.05	
19	OFF	0.03	0.06	0.03	0.03	OFF	0.06	
20	OFF	0.04	0.04	0.04	0.03	OFF	0.04	
21	OFF	0.04	0.04	0.03	0.03	OFF	0.04	
22	OFF	0.03	0.03	0.03	0.03	0.03	0.03	
23	OFF	0.03	0.04	0.03	0.02	OFF	0.04	
24	OFF	0.03	0.03	0.02	0.02	OFF	0.03	
25	OFF	0.03	0.03	0.02	0.02	OFF	0.03	
26	OFF	0.03	0.03	0.03	0.03	0.03	0.03	
27	OFF	0.04	0.03	0.03	0.03	OFF	0.04	
28	OFF	0.03	0.03	0.03	0.03	OFF	0.03	
29	OFF	0.03	0.03	0.03	0.03	OFF	0.03	
30	OFF	0.04	0.03	0.03	0.03	OFF	0.04	
31								

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 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 ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 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. YOURAVISH	
	SIGNATURE: 	7-5-23 25
	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:	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	0.54	424	229.0	14.9	7.67	16.7	YES	1007
2	0.63	424	267.1	14.3	7.64	17.3	YES	1078
3	0.78	424	330.7	14.3	7.62	17.5	YES	818
4	0.88	424	373.1	14.4	7.62	17.6	YES	919
5	0.93	424	394.3	14.4	7.61	17.6	YES	1041
6	0.91	424	385.8	15.1	7.66	17.1	YES	1188
7	0.87	424	368.9	14.8	7.66	17.4	YES	972
8	0.84	424	356.2	14.8	7.70	17.6	YES	895
9	0.82	424	347.7	14.2	7.76	18.6	YES	776
10	0.79	424	335.0	14.4	7.78	18.5	YES	717
11	0.78	424	330.7	14.3	7.73	18.2	YES	686
12	0.78	424	330.7	14.2	7.67	18.0	YES	927
13	0.78	424	330.7	14.4	7.64	17.5	YES	1164
14	0.77	424	326.5	14.8	7.61	16.9	YES	1089
15	0.73	424	309.5	14.5	7.62	17.2	YES	891
16	0.78	424	330.7	14.9	7.58	16.6	YES	824
17	0.78	424	330.7	15.5	7.58	15.9	YES	722
18	0.78	424	330.7	15.1	7.60	16.5	YES	705
19	0.78	424	330.7	15.1	7.63	16.7	YES	784
20	0.8	424	339.2	15.0	7.65	16.9	YES	1098
21	0.78	424	330.7	15.0	7.67	17.0	YES	981
22	0.78	424	330.7	15.1	7.63	16.7	YES	729
23	0.8	424	339.2	15.1	7.59	16.5	YES	917
24	0.82	424	347.7	15.0	7.64	16.9	YES	821
25	0.82	424	347.7	15.5	7.71	16.8	YES	720
26	0.81	424	343.4	15.0	7.58	16.5	YES	959
27	0.82	424	347.7	15.0	7.63	16.9	YES	1052
28	0.83	424	351.9	15.1	7.63	16.8	YES	1085
29	0.82	424	347.7	15.3	7.63	16.5	YES	966
30	0.78	424	330.7	15.1	7.59	16.4	YES	889
31		424					NO	

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