

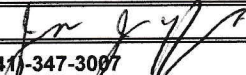
OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: COOS

Conventional or Direct Filtration

Month/Year: Jul-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	0.04	0.04	0.03	0.04	0.03	0.04	
2	OFF	0.04	0.04	0.03	0.03	0.03	0.04	
3	OFF	0.04	0.04	0.03	0.03	0.03	0.04	
4	OFF	0.04	0.04	0.03	0.03	OFF	0.04	
5	OFF	0.03	0.03	0.03	0.03	OFF	0.03	
6	0.03	0.03	0.04	0.03	0.03	0.03	0.04	
7	OFF	0.04	0.05	0.03	0.03	0.03	0.05	
8	OFF	0.04	0.04	0.03	0.03	0.03	0.04	
9	OFF	0.04	0.04	0.03	0.03	OFF	0.04	
10	OFF	0.04	0.03	0.03	0.03	OFF	0.04	
11	OFF	0.03	0.03	0.03	0.03	OFF	0.03	
12	OFF	0.04	0.04	0.03	0.03	0.03	0.04	
13	OFF	0.05	0.04	0.03	0.03	0.03	0.05	
14	OFF	0.03	0.04	0.03	0.03	OFF	0.04	
15	OFF	0.03	0.03	0.03	0.03	OFF	0.03	
16	OFF	0.04	0.04	0.03	0.03	0.03	0.04	
17	OFF	0.03	0.03	0.03	0.03	OFF	0.03	
18	0.03	0.04	0.03	0.03	0.03	OFF	0.04	
19	0.03	0.04	0.04	0.03	0.03	OFF	0.04	
20	0.03	0.06	0.09	0.02	0.02	0.02	0.09	
21	OFF	0.03	0.03	0.02	0.03	0.03	0.03	
22	OFF	0.03	0.03	0.02	0.03	0.03	0.03	
23	OFF	0.03	0.03	0.02	0.03	OFF	0.03	
24	0.03	0.04	0.03	0.03	0.03	0.03	0.04	
25	OFF	0.05	0.03	0.03	0.03	OFF	0.05	
26	OFF	0.04	0.03	0.03	0.03	OFF	0.04	
27	OFF	0.03	0.03	0.03	0.03	0.03	0.03	
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	0.03	0.04	0.04	0.03	0.03	0.03	0.04	
31	0.03	0.05	0.03	0.03	0.03	0.03	0.05	

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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<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: 	8-1-2023	
	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

System Name: Bandon, City of				ID#: 4100074	Month/Year: Jul-23	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	0.78	424	330.7	15.6	7.64	16.2	YES	820
2	0.77	424	326.5	16.1	7.61	15.5	YES	832
3	0.79	424	335.0	15.8	7.58	15.6	YES	1008
4	0.78	424	330.7	15.8	7.68	16.2	YES	811
5	0.73	424	309.5	15.9	7.65	15.8	YES	1028
6	0.78	424	330.7	15.6	7.65	16.2	YES	882
7	0.77	424	326.5	15.9	7.59	15.5	YES	914
8	0.78	424	330.7	15.9	7.64	15.9	YES	1054
9	0.78	424	330.7	16.2	7.68	15.8	YES	765
10	0.77	424	326.5	15.8	7.56	15.5	YES	963
11	0.78	424	330.7	15.8	7.51	15.2	YES	972
12	0.78	424	330.7	15.8	7.54	15.4	YES	928
13	0.76	424	322.2	15.8	7.50	15.1	YES	1004
14	0.8	424	339.2	16.0	7.53	15.2	YES	1165
15	0.81	424	343.4	16.6	7.51	14.5	YES	864
16	0.79	424	335.0	16.3	7.54	14.9	YES	866
17	0.76	424	322.2	16.4	7.49	14.5	YES	1013
18	0.8	424	339.2	16.6	7.56	14.7	YES	1049
19	0.08	424	33.9	16.6	7.48	13.2	YES	873
20	0.83	424	351.9	16.5	7.52	14.7	YES	1011
21	0.82	424	347.7	16.0	7.44	14.7	YES	1070
22	0.87	424	368.9	16.3	7.56	15.1	YES	900
23	0.83	424	351.9	16.4	7.59	15.1	YES	1015
24	0.83	424	351.9	16.5	7.52	14.7	YES	1004
25	0.82	424	347.7	16.3	7.65	15.6	YES	821
26	0.82	424	347.7	16.6	7.62	15.1	YES	835
27	0.8	424	339.2	16.4	7.63	15.3	YES	1223
28	0.78	424	330.7	16.4	7.56	14.9	YES	1116
29	0.76	424	322.2	16.4	7.50	14.5	YES	788
30	0.74	424	313.8	16.5	7.48	14.3	YES	871
31	0.75	424	318.0	16.3	7.52	14.7	YES	855

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

Revised October 2013