

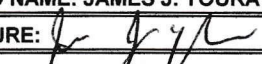
OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: COOS

Conventional or Direct Filtration

Month/Year: Oct-23

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

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings $\leq$ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl2 residual at entry point $\geq$ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All 4-hour turbidity readings $\leq$ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		
All turbidity readings < IFE <sup>2</sup> triggers <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		
Notes:	PRINTED NAME: JAMES J. YOURAVISH	
	SIGNATURE: 	11-2-23
	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

System Name: <b>Bandon, City of</b>				ID#: <b>4100074</b>	Month/Year: <b>Oct-23</b>	WTP - : Disinfection <i>Giardia</i> Log Inactiv: <b>0.5</b>	
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	0.5	424	212.0	14.5	7.78	17.8	YES	898
2	0.47	424	199.3	14.6	7.74	17.3	YES	1007
3	0.47	424	199.3	14.5	7.69	17.1	YES	966
4	0.46	424	195.0	14.5	7.65	16.8	YES	972
5	0.45	424	190.8	14.6	7.62	16.5	YES	938
6	0.45	424	190.8	14.6	7.58	16.3	YES	880
7	0.47	424	199.3	14.7	7.57	16.2	YES	787
8	0.48	424	203.5	14.6	7.59	16.4	YES	919
9	0.47	424	199.3	14.8	7.68	16.7	YES	821
10	0.49	424	207.8	14.7	7.65	16.7	YES	923
11	0.49	424	207.8	14.5	7.63	16.8	YES	835
12	0.5	424	212.0	14.4	7.64	17.0	YES	844
13	0.51	424	216.2	14.4	7.56	16.5	YES	706
14	0.52	424	220.5	13.9	7.63	17.5	YES	901
15	0.53	424	224.7	14.0	7.63	17.4	YES	885
16	0.52	424	220.5	14.0	7.68	17.7	YES	992
17	0.53	424	224.7	13.5	7.66	18.2	YES	944
18	0.52	424	220.5	13.9	7.56	17.1	YES	805
19	0.51	424	216.2	13.9	7.54	16.9	YES	875
20	0.49	424	207.8	13.8	7.54	17.0	YES	860
21	0.5	424	212.0	14.0	7.56	16.9	YES	644
22	0.47	424	199.3	14.1	7.63	17.2	YES	950
23	0.48	424	203.5	14.1	7.55	16.7	YES	860
24	0.6	424	254.4	13.5	7.62	18.1	YES	697
25	0.64	424	271.4	13.9	7.57	17.4	YES	1239
26	0.67	424	284.1	13.0	7.62	18.9	YES	711
27	0.68	424	288.3	13.3	7.64	18.6	YES	712
28	0.67	424	284.1	12.9	7.69	19.5	YES	634
29	0.64	424	271.4	12.7	7.81	20.6	YES	583
30	0.62	424	262.9	12.2	7.83	21.4	YES	687
31	0.61	424	258.6	12.2	7.86	21.6	YES	752

<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