

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **COOS**

Conventional or Direct Filtration

Month/Year: **Jan-24**

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	0.03	0.02	0.02	0.02	OFF	0.03
2	OFF	0.03	0.04	0.03	0.03	OFF	0.04
3	OFF	0.03	0.05	0.03	0.03	OFF	0.05
4	OFF	OFF	0.04	0.04	0.03	OFF	0.04
5	OFF	OFF	0.03	0.03	0.03	OFF	0.03
6	OFF	OFF	0.03	0.03	0.03	OFF	0.03
7	OFF	OFF	0.03	0.03	0.02	OFF	0.03
8	OFF	OFF	0.03	0.03	0.02	OFF	0.03
9	OFF	OFF	0.03	0.03	0.02	OFF	0.03
10	OFF	OFF	0.02	0.02	0.02	OFF	0.02
11	0.02	0.02	0.02	0.02	0.02	0.02	0.02
12	OFF	0.02	0.11	0.03	OFF	OFF	0.11
13	0.03	0.02	0.17	0.03	0.03	OFF	0.17
14	OFF	OFF	0.03	0.04	OFF	OFF	0.04
15	OFF	OFF	0.03	0.02	OFF	OFF	0.03
16	OFF	OFF	0.03	0.03	0.02	OFF	0.03
17	OFF	0.13	0.03	0.03	0.02	OFF	0.13
18	OFF	OFF	0.03	0.02	0.02	OFF	0.03
19	OFF	OFF	0.03	0.02	0.02	OFF	0.03
20	OFF	OFF	0.03	0.02	0.02	OFF	0.02
21	OFF	OFF	0.03	0.02	0.02	OFF	0.03
22	OFF	0.03	0.06	0.03	0.03	OFF	0.06
23	OFF	0.03	0.14	0.04	0.04	OFF	0.14
24	OFF	OFF	0.04	0.03	0.29	OFF	0.04
25	OFF	OFF	0.03	0.02	0.02	OFF	0.03
26	OFF	OFF	0.03	0.02	0.02	OFF	0.03
27	OFF	OFF	0.02	0.02	0.02	OFF	0.02
28	OFF	OFF	0.02	0.02	0.02	OFF	0.02
29	OFF	0.02	0.02	0.02	0.02	OFF	0.02
30	OFF	OFF	0.03	0.02	0.02	OFF	0.03
31	OFF	0.04	0.05	0.03	0.02	OFF	0.05

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <b>Yes / No</b>	CT's met everyday? (see back) <b>Yes / No</b>	All Cl2 residual at entry point ≥ 0.2 mg/l? <b>Yes / No</b>
All 4-hour turbidity readings ≤ 1 NTU? <b>Yes / No</b>		
All turbidity readings < IFE <sup>2</sup> triggers <b>Yes / No</b>		

Notes:

PRINTED NAME: **JAMES J. YOURAVISH**

SIGNATURE: *[Signature]* **2-1-24**

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:	Jan-24	Disinfection <i>Giardia</i> Log Inactiv:	0.5
--------------	-----------------	--------------	-------------	--------	--	-----

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	0.51	424	216.2	11.4	7.80	22.0	YES	567
2	0.58	424	245.9	11.5	7.78	21.9	YES	970
3	0.58	424	245.9	10.8	7.74	22.6	YES	568
4	0.62	424	262.9	11.1	7.74	22.3	YES	685
5	0.58	424	245.9	11.1	7.73	22.1	YES	584
6	0.55	424	233.2	10.7	7.70	22.4	YES	748
7	0.53	424	224.7	11.0	7.66	21.6	YES	506
8	0.57	424	241.7	10.9	7.63	21.6	YES	823
9	0.58	424	245.9	10.8	7.60	21.5	YES	748
10	0.57	424	241.7	10.8	7.56	21.2	YES	550
11	0.42	424	178.1	10.6	7.56	21.1	YES	1604
12	0.31	424	131.4	10.6	7.54	20.7	YES	515
13	0.58	424	245.9	9.7	7.52	22.5	YES	521
14	0.56	424	237.4	10.5	7.49	21.1	YES	500
15	0.51	424	216.2	10.4	7.50	21.2	YES	623
16	0.26	424	110.2	10.6	7.48	20.2	YES	583
17	0.46	424	195.0	10.7	7.45	20.3	YES	560
18	0.46	424	195.0	10.9	7.40	19.7	YES	532
19	0.4	424	169.6	10.9	7.35	19.2	YES	560
20	0.46	424	195.0	11.0	7.36	19.3	YES	504
21	0.46	424	195.0	11.2	7.40	19.3	YES	500
22	0.47	424	199.3	11.2	7.42	19.5	YES	1160
23	0.48	424	203.5	11.3	7.42	19.4	YES	544
24	0.5	424	212.0	11.4	7.42	19.3	YES	933
25	0.45	424	190.8	11.4	7.38	18.9	YES	576
26	0.45	424	190.8	11.5	7.38	18.8	YES	551
27	0.45	424	190.8	11.8	7.38	18.4	YES	620
28	0.55	424	233.2	11.8	7.39	18.7	YES	515
29	0.61	424	258.6	11.9	7.41	18.8	YES	570
30	0.63	424	267.1	11.7	7.42	19.2	YES	553
31	0.66	424	279.8	11.8	7.41	19.1	YES	836

<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