

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **COOS**  
 Month/Year: **Feb-24**

Conventional or Direct Filtration

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	0.06	0.03	0.03	OFF	0.06
2	OFF	OFF	0.03	0.03	0.03	OFF	0.03
3	OFF	OFF	0.03	0.03	0.03	OFF	0.03
4	OFF	OFF	0.03	0.03	0.02	OFF	0.03
5	OFF	0.03	0.02	0.02	0.02	OFF	0.03
6	OFF	0.03	0.02	0.02	0.02	OFF	0.03
7	OFF	OFF	0.03	0.02	0.02	OFF	0.03
8	OFF	0.05	0.05	0.03	0.03	OFF	0.05
9	OFF	0.03	0.09	0.03	0.03	OFF	0.09
10	OFF	OFF	0.02	0.02	0.02	OFF	0.02
11	OFF	0.03	0.03	0.03	0.03	OFF	0.03
12	OFF	0.03	0.03	0.03	OFF	OFF	0.03
13	OFF	0.03	0.03	0.02	0.02	OFF	0.03
14	OFF	0.03	0.02	0.02	0.02	OFF	0.03
15	OFF	0.02	0.04	0.03	0.02	0.02	0.04
16	OFF	OFF	0.04	0.03	0.03	OFF	0.04
17	OFF	OFF	0.02	0.02	0.02	OFF	0.02
18	OFF	OFF	0.02	0.02	0.02	OFF	0.02
19	OFF	OFF	0.03	0.03	0.03	OFF	0.03
20	OFF	OFF	0.03	0.03	0.03	OFF	0.03
21	OFF	OFF	0.03	0.03	0.02	OFF	0.03
22	OFF	0.03	0.04	0.03	0.03	OFF	0.04
23	OFF	0.03	0.04	0.03	0.03	OFF	0.04
24	OFF	OFF	0.03	0.03	0.02	OFF	0.03
25	OFF	0.02	0.02	0.02	0.03	OFF	0.03
26	OFF	OFF	0.03	0.03	0.03	OFF	0.03
27	OFF	OFF	0.03	0.03	0.02	OFF	0.03
28	OFF	OFF	0.03	0.03	0.02	OFF	0.03
29	OFF	0.03	0.03	0.03	0.03	OFF	0.03
30							
31							

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: <b>JAMES J. YOURAVISH</b>	
	SIGNATURE: <i>[Signature]</i>	<b>3-5-2024</b>
	PHONE #: <b>(541)-347-8007</b>	CERT #: <b>T-09155</b>

<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>Feb-24</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	0.69	424	292.6	11.8	7.39	19.0	YES	782
2	0.69	424	292.6	11.4	7.40	19.5	YES	571
3	0.71	424	301.0	11.8	7.39	19.0	YES	544
4	0.71	424	301.0	11.2	7.37	19.6	YES	529
5	0.73	424	309.5	11.4	7.39	19.6	YES	525
6	0.74	424	313.8	11.2	7.37	19.7	YES	532
7	0.73	424	309.5	11.2	7.28	19.1	YES	562
8	0.73	424	309.5	10.7	7.38	20.4	YES	507
9	0.77	424	326.5	10.6	7.40	20.8	YES	579
10	0.78	424	330.7	10.9	7.40	20.4	YES	549
11	0.76	424	322.2	10.4	7.71	23.5	YES	698
12	0.76	424	322.2	11.0	7.70	22.5	YES	810
13	0.79	424	335.0	11.0	7.67	22.3	YES	722
14	0.83	424	351.9	10.9	7.66	22.5	YES	502
15	0.82	424	347.7	10.8	7.61	22.2	YES	505
16	0.82	424	347.7	10.8	7.60	22.1	YES	545
17	0.82	424	347.7	10.9	7.59	21.9	YES	492
18	0.8	424	339.2	10.9	7.57	21.7	YES	555
19	0.78	424	330.7	10.9	7.56	21.6	YES	561
20	0.76	424	322.2	10.9	7.52	21.2	YES	550
21	0.76	424	322.2	11.0	7.54	21.2	YES	838
22	0.76	424	322.2	10.9	7.53	21.3	YES	612
23	0.76	424	322.2	10.9	7.50	21.1	YES	612
24	0.78	424	330.7	10.7	7.51	21.5	YES	577
25	0.78	424	330.7	11.3	7.47	20.4	YES	589
26	0.79	424	335.0	11.3	7.45	20.2	YES	592
27	0.77	424	326.5	11.3	7.65	21.7	YES	566
28	0.82	424	347.7	11.3	7.46	20.4	YES	551
29	0.77	424	326.5	11.2	7.46	20.4	YES	563
30		424					NO	
31		424					NO	

<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