

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: COOS

Conventional or Direct Filtration

Month/Year: Mar-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 ¹ [NTU]	
1	OFF	OFF	0.03	0.03	0.02	OFF	0.03	
2	OFF	OFF	0.02	0.02	0.02	OFF	0.02	
3	OFF	OFF	0.03	0.02	0.02	OFF	0.03	
4	OFF	0.03	0.06	0.03	0.03	OFF	0.06	
5	OFF	0.02	0.09	0.03	0.03	OFF	0.09	
6	OFF	OFF	0.03	0.02	0.02	OFF	0.03	
7	OFF	0.03	0.02	0.02	0.02	OFF	0.03	
8	OFF	0.03	0.03	0.03	0.03	OFF	0.03	
9	OFF	OFF	0.03	0.03	0.03	OFF	0.03	
10	OFF	0.03	0.03	0.03	0.03	OFF	0.03	
11	OFF	0.03	0.03	0.03	0.03	OFF	0.03	
12	OFF	0.03	0.04	0.03	0.03	OFF	0.04	
13	OFF	0.03	0.05	0.04	0.03	OFF	0.05	
14	OFF	0.03	0.04	0.04	OFF	OFF	0.04	
15	OFF	0.04	0.04	0.04	0.03	OFF	0.04	
16	OFF	0.03	0.03	0.04	0.04	OFF	0.04	
17	OFF	0.03	0.04	0.04	0.03	OFF	0.04	
18	0.03	0.03	0.03	0.03	0.03	OFF	0.03	
19	OFF	0.03	0.03	0.03	0.03	0.03	0.03	
20	OFF	0.03	0.04	0.03	0.03	OFF	0.04	
21	0.03	0.03	0.05	0.04	0.03	OFF	0.05	
22	OFF	0.03	0.03	0.03	OFF	OFF	0.03	
23	OFF	0.03	0.03	0.03	0.03	OFF	0.03	
24	OFF	0.04	0.03	0.03	0.03	OFF	0.04	
25	OFF	0.03	0.03	0.03	0.03	OFF	0.03	
26	OFF	0.03	0.03	0.03	0.03	OFF	0.03	
27	OFF	0.03	0.05	0.13	OFF	OFF	0.13	
28	OFF	0.09	0.06	0.05	0.04	0.03	0.09	
29	0.03	0.03	0.03	0.03	OFF	OFF	0.03	
30	OFF	0.04	0.04	0.03	0.03	OFF	0.04	
31	OFF	0.04	0.04	0.03	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? Yes / No	CT's met everyday? (see back) Yes / No	All Cl2 residual at entry point \geq 0.2 mg/l? Yes / No
All 4-hour turbidity readings \leq 1 NTU? Yes / No		
All turbidity readings < IFE ² triggers Yes / No		
Notes:	PRINTED NAME: JAMES J. YOURAVISH	
	SIGNATURE: <i>[Signature]</i>	4-2-2024
	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

WTP - :

System Name:	Bandon, City of	ID#: 4100074	Month/Year:	Mar-24	Disinfection <i>Giardia</i> Log Inactiv:	0.5
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.78	424	330.7	11.0	7.48	20.8	YES	507
2	0.77	424	326.5	11.8	7.52	20.0	YES	528
3	0.78	424	330.7	10.5	7.55	22.1	YES	484
4	0.78	424	330.7	10.3	7.58	22.6	YES	513
5	0.73	424	309.5	10.0	7.56	22.8	YES	557
6	0.76	424	322.2	10.0	7.55	22.8	YES	611
7	0.76	424	322.2	10.0	7.50	22.4	YES	930
8	0.47	424	199.3	9.9	7.54	22.1	YES	575
9	0.73	424	309.5	10.1	7.53	22.4	YES	531
10	0.7	424	296.8	10.1	7.55	22.5	YES	533
11	0.7	424	296.8	10.2	7.62	22.9	YES	557
12	0.69	424	292.6	10.3	7.63	22.8	YES	542
13	0.62	424	262.9	10.3	7.62	22.5	YES	551
14	0.63	424	267.1	10.3	7.60	22.4	YES	572
15	0.6	424	254.4	10.5	7.55	21.6	YES	623
16	0.6	424	254.4	10.7	7.58	21.6	YES	605
17	0.57	424	241.7	11.0	7.52	20.6	YES	645
18	0.57	424	241.7	11.2	7.50	20.2	YES	1355
19	0.29	424	123.0	11.4	7.48	19.2	YES	1589
20	0.33	424	139.9	11.5	7.47	19.1	YES	1166
21	0.31	424	131.4	11.7	7.49	19.0	YES	1680
22	0.39	424	165.4	11.7	7.47	19.0	YES	629
23	0.68	424	288.3	11.7	7.53	20.0	YES	587
24	0.35	424	148.4	11.7	7.53	19.3	YES	594
25	0.38	424	161.1	11.7	7.55	19.5	YES	1371
26	0.41	424	173.8	11.2	7.54	20.2	YES	1751
27	0.33	424	139.9	11.8	7.53	19.1	YES	1246
28	0.41	424	173.8	11.7	7.55	19.6	YES	572
29	0.44	424	186.6	11.5	7.56	20.0	YES	623
30	0.31	424	131.4	11.6	7.55	19.5	YES	622
31	0.33	424	139.9	11.7	7.55	19.4	YES	572

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

Revised October 2013