

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **COOS**

Conventional or Direct Filtration

Month/Year: **May-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	0.04	0.04	0.04	0.03	OFF	0.04
2	OFF	0.04	0.04	0.03	0.03	0.02	0.04
3	OFF	0.03	0.04	0.04	0.03	0.03	0.04
4	OFF	0.05	0.06	0.04	0.04	OFF	0.06
5	OFF	0.04	0.06	0.06	0.04	OFF	0.06
6	OFF	0.04	0.05	0.05	0.04	OFF	0.05
7	OFF	0.05	0.05	0.06	0.04	0.04	0.06
8	0.03	0.04	0.04	0.06	0.05	0.04	0.06
9	OFF	0.05	0.06	0.05	0.04	0.03	0.06
10	0.04	0.07	0.05	0.05	0.04	0.04	0.07
11	OFF	0.05	0.05	0.05	0.04	0.04	0.05
12	OFF	0.05	0.05	0.05	0.04	0.04	0.05
13	OFF	0.04	0.05	0.05	0.04	0.03	0.05
14	OFF	0.05	0.06	0.05	0.04	0.04	0.06
15	0.04	0.05	0.07	0.05	0.04	0.04	0.07
16	0.04	OFF	0.11	0.10	0.03	0.03	0.11
17	0.03	0.03	0.03	0.03	0.04	0.03	0.04
18	OFF	0.03	0.04	0.04	0.03	OFF	0.04
19	0.03	0.04	0.03	0.03	0.04	0.03	0.04
20	OFF	0.03	0.03	0.03	0.03	0.03	0.03
21	OFF	0.04	0.03	0.03	0.04	0.03	0.04
22	0.03	0.03	0.03	0.03	0.03	OFF	0.03
23	OFF	0.03	0.03	0.03	0.03	OFF	0.03
24	0.03	0.04	0.03	0.04	0.03	0.03	0.04
25	OFF	0.03	0.03	0.03	0.03	0.03	0.03
26	OFF	0.03	0.03	0.02	0.02	OFF	0.03
27	OFF	0.03	0.04	0.04	0.03	0.03	0.04
28	OFF	0.03	0.03	0.03	0.02	0.02	0.03
29	OFF	0.03	0.02	0.03	0.03	0.03	0.03
30	OFF	0.03	0.04	0.03	0.03	0.02	0.04
31	0.03	0.03	0.03	0.03	0.02	OFF	0.03

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>	6-5-2024
	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

System Name: Bandon, City of				ID#: 4100074	Month/Year: May-24	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	0.48	424	203.5	16.0	7.20	12.9	YES	908
2	0.53	424	224.7	16.3	7.11	12.3	YES	1511
3	0.75	424	318.0	16.1	7.23	13.4	YES	549
4	0.78	424	330.7	15.9	7.23	13.6	YES	572
5	0.75	424	318.0	15.9	7.44	14.7	YES	558
6	0.78	424	330.7	16.2	7.40	14.2	YES	574
7	0.72	424	305.3	16.1	7.31	13.8	YES	1482
8	0.58	424	245.9	16.3	7.88	16.5	YES	695
9	0.51	424	216.2	16.3	7.74	15.5	YES	1106
10	0.44	424	186.6	16.8	7.55	13.9	YES	739
11	0.4	424	169.6	15.9	7.51	14.5	YES	914
12	0.37	424	156.9	16.3	7.43	13.6	YES	619
13	0.37	424	156.9	16.3	7.49	13.9	YES	732
14	0.48	424	203.5	16.5	7.51	14.0	YES	894
15	0.64	424	271.4	16.8	7.60	14.5	YES	1095
16	0.73	424	309.5	16.7	7.87	16.3	YES	679
17	0.78	424	330.7	17.7	7.55	13.6	YES	978
18	0.77	424	326.5	17.8	7.52	13.3	YES	644
19	0.7	424	296.8	17.7	7.52	13.3	YES	639
20	0.69	424	292.6	17.8	7.39	12.6	YES	1519
21	0.67	424	284.1	17.9	7.40	12.5	YES	1515
22	0.73	424	309.5	17.9	7.74	14.3	YES	716
23	0.66	424	279.8	17.8	7.65	13.8	YES	875
24	0.63	424	267.1	16.8	7.77	15.4	YES	715
25	0.6	424	254.4	17.0	7.74	15.0	YES	806
26	0.65	424	275.6	16.9	7.84	15.7	YES	642
27	0.71	424	301.0	16.8	7.81	15.8	YES	739
28	0.71	424	301.0	16.8	7.80	15.7	YES	913
29	0.64	424	271.4	17.1	7.89	15.8	YES	863
30	0.49	424	207.8	17.1	7.82	15.1	YES	847
31	0.4	424	169.6	18.1	7.70	13.4	YES	807

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

Revised October 2013