

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County:	COOS
Month/Year:	Jun-24

System Name:	Bandon, City of		ID#:			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	0.03	0.03	0.03	0.04
2	0.03	0.03	0.03	0.03	OFF	OFF	0.03
3	0.04	0.03	0.04	0.04	0.03	0.03	0.04
4	OFF	0.03	0.05	0.03	0.03	0.03	0.05
5	OFF	0.03	0.03	0.03	0.03	OFF	0.03
6	0.03	0.03	0.03	0.03	0.03	OFF	0.03
7	0.03	0.04	0.03	0.03	0.03	0.03	0.04
8	OFF	0.04	0.06	0.03	0.03	0.03	0.06
9	OFF	0.03	0.03	0.03	0.03	0.03	0.03
10	OFF	0.03	0.03	0.03	0.02	OFF	0.03
11	OFF	0.04	0.04	0.03	0.02	0.02	0.04
12	OFF	0.05	0.03	0.03	0.03	0.03	0.05
13	OFF	0.03	0.03	0.03	0.03	0.03	0.03
14	OFF	0.03	0.03	0.03	0.03	OFF	0.03
15	OFF	0.04	0.03	0.04	0.03	0.03	0.04
16	OFF	0.04	0.04	0.03	0.03	0.03	0.04
17	OFF	0.03	0.03	0.03	0.03	0.03	0.03
18	OFF	0.03	0.03	0.03	0.03	0.03	0.03
19	OFF	0.03	0.03	0.03	0.03	0.03	0.03
20	OFF	0.04	0.04	0.03	0.03	0.03	0.04
21	OFF	0.04	0.05	0.03	0.03	0.04	0.05
22	OFF	0.04	0.04	0.04	0.04	0.04	0.04
23	OFF	0.04	0.04	0.04	0.03	0.03	0.04
24	OFF	0.04	0.04	0.03	0.03	0.03	0.04
25	OFF	0.05	0.04	0.04	0.04	0.04	0.05
26	0.04	0.05	0.04	0.04	0.04	0.04	0.05
27	OFF	0.05	0.05	0.04	0.04	OFF	0.05
28	0.05	0.05	0.05	0.04	0.04	0.04	0.05
29	OFF	0.05	0.05	0.04	0.04	0.04	0.05
30	OFF	0.05	0.05	0.04	0.04	0.04	0.05
31							

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

Notes:	PRINTED NAME: JAMES J. YOURAVISH		
	SIGNATURE:  7-2-2024		
	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 Efl. (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:	Jun-24	Disinfection Giardia Log Inactiv:	0.5
--------------	-----------------	--------------	-------------	--------	-----------------------------------	-----

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	0.39	424	165.4	18.2	7.57	12.7	YES	765
2	0.52	424	220.5	17.2	7.28	12.3	YES	797
3	0.54	424	229.0	17.1	7.31	12.6	YES	620
4	0.59	424	250.2	18.2	7.28	11.6	YES	879
5	0.46	424	195.0	18.1	7.51	12.6	YES	776
6	0.36	424	152.6	18.3	7.29	11.3	YES	803
7	0.36	424	152.6	18.5	7.41	11.7	YES	795
8	0.48	424	203.5	18.0	7.95	14.9	YES	657
9	0.47	424	199.3	17.6	7.83	14.7	YES	627
10	0.4	424	169.6	17.8	7.86	14.5	YES	812
11	0.37	424	156.9	17.6	7.76	14.1	YES	866
12	0.39	424	165.4	17.5	7.72	14.0	YES	1106
13	0.55	424	233.2	17.5	7.73	14.4	YES	923
14	0.57	424	241.7	17.5	7.61	13.8	YES	928
15	0.55	424	233.2	17.4	7.71	14.3	YES	650
16	0.49	424	207.8	17.2	7.77	14.8	YES	681
17	0.51	424	216.2	17.2	7.71	14.5	YES	982
18	0.67	424	284.1	17.2	7.94	16.0	YES	845
19	0.53	424	224.7	17.3	7.71	14.4	YES	749
20	0.47	424	199.3	17.8	7.75	14.0	YES	779
21	0.47	424	199.3	17.9	7.90	14.8	YES	1081
22	0.44	424	186.6	18.0	7.92	14.7	YES	716
23	0.41	424	173.8	18.3	7.79	13.7	YES	730
24	0.38	424	161.1	18.3	7.72	13.3	YES	831
25	0.39	424	165.4	18.5	8.07	15.0	YES	833
26	0.33	424	139.9	18.7	8.04	14.5	YES	851
27	0.39	424	165.4	17.7	7.99	15.3	YES	726
28	0.44	424	186.6	17.7	8.09	16.0	YES	798
29	0.56	424	237.4	17.8	7.93	15.2	YES	793
30	0.55	424	233.2	18.0	7.84	14.5	YES	775
31		424					NO	

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

Revised October 2013