

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **COOS**
 Month/Year: **Jul-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 ¹ [NTU]
1	OFF	0.06	0.05	0.04	0.04	0.04	0.06
2	OFF	0.05	0.06	0.05	0.05	0.05	0.06
3	OFF	OFF	0.09	0.06	0.06	0.05	0.09
4	OFF	0.06	0.06	0.06	0.06	0.05	0.06
5	OFF	0.07	0.06	0.05	0.05	0.05	0.07
6	OFF	0.06	0.06	0.05	0.06	0.05	0.06
7	OFF	0.06	0.06	0.06	0.05	0.06	0.06
8	OFF	0.07	0.06	0.05	0.05	0.05	0.07
9	OFF	0.05	0.05	0.05	0.04	0.04	0.05
10	OFF	0.05	0.06	0.05	0.04	OFF	0.06
11	0.05	0.05	0.05	0.04	0.04	OFF	0.05
12	0.05	0.06	0.05	0.04	0.05	0.04	0.06
13	0.04	0.07	0.06	0.05	0.05	0.05	0.07
14	OFF	0.06	0.06	0.06	0.05	OFF	0.06
15	0.05	0.06	0.05	0.05	0.05	OFF	0.06
16	0.05	0.05	0.05	0.04	OFF	0.05	0.05
17	0.04	0.06	0.05	0.04	0.04	0.04	0.06
18	0.04	0.05	0.05	0.04	0.05	0.05	0.05
19	OFF	0.04	0.05	0.04	0.05	0.04	0.05
20	OFF	0.04	0.04	0.05	0.04	OFF	0.05
21	OFF	0.05	0.04	0.05	0.05	0.04	0.05
22	OFF	0.05	0.05	0.04	0.04	0.05	0.05
23	OFF	0.06	0.06	0.05	0.05	0.05	0.06
24	OFF	0.05	0.06	0.05	0.04	0.04	0.06
25	OFF	0.07	0.05	0.05	0.04	OFF	0.07
26	OFF	0.05	0.05	0.04	0.04	0.04	0.047
27	OFF	0.06	0.05	0.04	0.04	0.04	0.06
28	0.04	0.05	0.05	0.04	0.04	0.04	0.05
29	OFF	0.04	0.05	0.04	0.04	OFF	0.05
30	OFF	0.04	0.04	0.04	0.04	OFF	0.04
31	0.04	0.04	0.04	0.04	0.04	0.04	0.04

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

Notes:

PRINTED NAME: **JAMES J. YOURAVISH**

SIGNATURE: *[Signature]* **8-5-24**

PHONE #: **(541) 347-3067** 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:	Jul-24	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	0.5	424	212.0	18.2	7.92	14.6	YES	969
2	0.45	424	190.8	18.3	7.80	13.8	YES	801
3	0.46	424	195.0	18.4	7.92	14.4	YES	964
4	0.64	424	271.4	18.4	8.02	15.2	YES	905
5	0.49	424	207.8	18.6	7.91	14.2	YES	893
6	0.45	424	190.8	18.9	7.86	13.6	YES	877
7	0.7	424	296.8	18.9	7.83	13.8	YES	1102
8	0.94	424	398.6	18.9	7.98	15.0	YES	913
9	0.66	424	279.8	18.9	8.06	15.0	YES	1015
10	0.52	424	220.5	18.9	8.10	14.9	YES	1104
11	0.51	424	216.2	18.8	8.08	14.9	YES	1021
12	0.56	424	237.4	18.8	8.21	15.7	YES	967
13	0.74	424	313.8	18.6	8.05	15.3	YES	762
14	0.51	424	216.2	19.1	8.13	14.9	YES	771
15	0.4	424	169.6	18.2	7.99	14.8	YES	879
16	0.42	424	178.1	18.2	8.11	15.5	YES	826
17	0.49	424	207.8	18.4	7.99	14.8	YES	818
18	0.75	424	318.0	18.2	8.09	16.0	YES	1059
19	0.63	424	267.1	18.2	8.11	15.9	YES	994
20	0.38	424	161.1	18.3	8.23	16.1	YES	831
21	0.34	424	144.2	18.4	8.13	15.3	YES	822
22	0.33	424	139.9	18.0	8.10	15.5	YES	1336
23	0.41	424	173.8	17.5	8.30	17.4	YES	1109
24	0.65	424	275.6	17.5	8.34	18.2	YES	1067
25	0.7	424	296.8	17.6	7.86	15.2	YES	914
26	0.73	424	309.5	17.8	7.90	15.3	YES	995
27	0.69	424	292.6	17.8	7.59	13.6	YES	849
28	0.67	424	284.1	18.2	7.65	13.5	YES	822
29	0.64	424	271.4	18.1	7.69	13.7	YES	902
30	0.63	424	267.1	18.1	7.69	13.7	YES	832
31	0.6	424	254.4	17.5	7.77	14.7	YES	1012

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

Revised October 2013