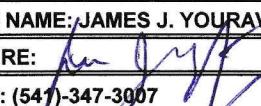


OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County:	COOS
Month/Year:	Aug-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	0.04	0.04	0.04
2		0.04	0.05	0.04	0.05	0.07	0.06	0.07
3		0.04	0.04	0.05	0.04	0.04	0.04	0.05
4		OFF	0.05	0.05	0.04	0.04	0.04	0.05
5		OFF	0.05	0.06	0.04	0.05	0.04	0.06
6		OFF	0.05	0.05	0.04	0.04	0.04	0.05
7		OFF	0.06	0.05	0.05	0.04	0.04	0.06
8		0.04	0.06	0.05	0.05	0.04	0.04	0.06
9		OFF	0.05	0.05	0.04	0.05	OFF	0.05
10		0.05	0.05	0.05	0.04	0.04	0.04	0.05
11		OFF	0.05	0.05	0.04	0.04	OFF	0.05
12		0.05	0.06	0.05	0.04	0.04	0.04	0.06
13		0.05	0.06	0.06	0.05	0.04	0.04	0.06
14		OFF	0.05	0.05	0.05	0.05	0.04	0.05
15		OFF	0.05	0.05	0.04	0.04	0.04	0.05
16		OFF	0.05	0.05	0.05	0.05	OFF	0.05
17		OFF	0.07	0.05	0.04	0.04	OFF	0.07
18		0.04	0.06	0.05	0.05	0.04	OFF	0.06
19		OFF	0.05	0.05	0.06	0.04	OFF	0.06
20		OFF	0.05	0.05	0.04	0.04	0.04	0.05
21		OFF	0.04	0.05	0.04	0.04	OFF	0.05
22		OFF	0.05	0.04	0.04	0.04	OFF	0.05
23		0.04	0.04	0.05	0.05	0.04	OFF	0.05
24		0.05	0.05	0.07	0.05	0.05	OFF	0.07
25		OFF	0.05	0.05	0.05	0.05	OFF	0.05
26		OFF	0.05	0.05	0.05	0.05	0.04	0.05
27		OFF	0.05	0.06	0.05	0.04	OFF	0.06
28		OFF	0.06	0.05	0.05	0.05	OFF	0.06
29		OFF	0.06	0.05	0.05	0.05	0.05	0.06
30		OFF	0.06	0.06	0.05	0.05	0.05	0.06
31		OFF	0.06	0.06	0.05	0.05	OFF	0.06
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 Cl ₂ residual at entry point ≥ 0.2 mg/l?		
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: 						9-4-2024		
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:	Aug-24	WTP - :	Disinfection Giardia 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	0.63	424	267.1	18.4	7.70	13.5	YES	936
2	0.66	424	279.8	18.3	7.79	14.1	YES	3702
3	0.83	424	351.9	18.4	7.76	14.1	YES	998
4	0.86	424	364.6	18.4	7.88	14.8	YES	1010
5	0.69	424	292.6	18.4	7.96	15.0	YES	1082
6	0.65	424	275.6	18.4	7.84	14.2	YES	946
7	0.64	424	271.4	18.4	7.84	14.2	YES	1115
8	0.64	424	271.4	18.4	7.74	13.7	YES	901
9	0.66	424	279.8	18.2	7.79	14.2	YES	813
10	0.64	424	271.4	17.9	7.80	14.5	YES	821
11	0.7	424	296.8	17.8	7.88	15.1	YES	804
12	0.73	424	309.5	17.8	7.70	14.2	YES	856
13	0.7	424	296.8	17.8	7.84	14.9	YES	957
14	0.68	424	288.3	17.8	7.85	14.9	YES	1064
15	0.63	424	267.1	17.7	7.89	15.2	YES	876
16	0.64	424	271.4	17.7	7.88	15.1	YES	894
17	0.67	424	284.1	17.5	7.91	15.6	YES	772
18	0.73	424	309.5	17.5	7.92	15.7	YES	877
19	0.78	424	330.7	17.3	7.96	16.3	YES	1084
20	0.8	424	339.2	17.3	7.85	15.6	YES	998
21	0.83	424	351.9	17.3	7.78	15.3	YES	938
22	0.8	424	339.2	17.3	7.77	15.2	YES	837
23	0.8	424	339.2	17.1	7.74	15.2	YES	927
24	0.8	424	339.2	17.1	7.71	15.1	YES	741
25	0.79	424	335.0	16.9	7.70	15.2	YES	744
26	0.76	424	322.2	16.9	7.74	15.4	YES	810
27	0.71	424	301.0	17.1	7.70	14.8	YES	910
28	0.69	424	292.6	16.8	7.77	15.5	YES	887
29	0.67	424	284.1	17.0	7.74	15.1	YES	1313
30	0.68	424	288.3	16.8	7.83	15.8	YES	851
31	0.67	424	284.1	16.7	7.92	16.5	YES	774

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

Revised October 2013