OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: COOS

Month/Year: Nov-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	0.06	0.06	0.05	OFF	OFF	0.06
2	OFF	0.06	0.06	0.05	0.04	OFF	0.06
3	OFF	0.05	0.06	0.05	0.05	OFF	0.06
4	OFF	0.05	0.06	0.07	0.06	0.06	0.07
5	OFF	OFF	0.08	0.07	0.07	0.06	0.08
6	OFF	OFF	0.06	0.07	0.06	0.06	0.07
7	0.05	OFF	0.08	0.06	0.05	OFF	0.08
8	OFF	0.06	0.06	0.06	0.05	0.05	0.06
9	OFF	0.05	0.05	0.05	0.05	OFF	0.05
10	OFF	0.07	0.06	0.05	0.05	OFF	0.07
11	OFF	0.06	0.07	0.05	0.05	0.05	0.06
12	OFF	OFF	0.05	0.06	0.05	OFF	0.06
13	OFF	0.06	0.06	0.05	OFF	OFF	0.06
14	OFF	0.06	0.06	0.06	0.06	OFF	0.06
15	OFF	OFF	0.05	0.05	0.04	OFF	0.05
16	OFF	OFF	0.05	0.05	0.05	OFF	0.05
17	OFF	OFF	0.05	0.05	0.05	OFF	0.05
18	OFF	0.07	0.08	0.06	0.05	0.05	0.08
19	OFF	0.07	0.06	0.05	0.05	OFF	0.07
20	OFF	0.05	0.05	0.05	0.05	OFF	0.05
21	OFF	0.05	0.05	0.04	0.04	OFF	0.05
22	OFF	0.08	0.04	0.04	0.04	OFF	0.08
23	OFF	0.08	0.04	0.04	0.04	OFF	0.08
24	OFF	OFF	0.08	0.04	0.04	OFF	0.08
25	OFF	OFF	0.08	0.04	0.04	0.04	0.08
26	OFF	0.05	0.06	0.05	0.05	0.05	0.06
27	OFF	0.05	0.07	0.05	0.05	0.04	0.07
28	OFF	OFF	0.09	0.05	0.05	OFF	0.09
29	OFF	0.08	0.05	0.05	0.05	OFF	0.08
30	OFF	0.06	0.07	0.06	0.06	OFF	0.07
31							

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

Notes:

PRINTED NAME: JAMES J. YOURAVISH

SIGNATURE: [signature] 12-3-2024

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:	Nov-24	WTP - : 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	0.68	424	288.3	14.5	7.71	17.7	YES	610
2	0.7	424	296.8	14.4	7.53	16.7	YES	565
3	0.7	424	296.8	14.4	7.53	16.7	YES	543
4	0.69	424	292.6	14.4	7.47	16.3	YES	591
5	0.67	424	284.1	14.2	7.42	16.2	YES	636
6	0.67	424	284.1	14.3	7.34	15.6	YES	859
7	0.71	424	301.0	14.2	7.42	16.2	YES	790
8	0.73	424	309.5	14.2	7.57	17.2	YES	602
9	0.78	424	330.7	14.0	7.56	17.5	YES	599
10	0.8	424	339.2	13.7	7.68	18.7	YES	547
11	0.82	424	347.7	13.9	7.74	18.9	YES	690
12	0.89	424	377.4	13.9	7.90	20.2	YES	597
13	0.88	424	373.1	14.0	7.87	19.8	YES	771
14	0.84	424	356.2	14.0	7.71	18.6	YES	649
15	0.83	424	351.9	13.9	7.76	19.0	YES	605
16	0.82	424	347.7	13.9	7.63	18.1	YES	491
17	0.78	424	330.7	14.1	7.23	15.4	YES	504
18	0.72	424	305.3	13.8	7.47	17.0	YES	1199
19	0.68	424	288.3	13.6	7.57	17.8	YES	655
20	0.6	424	254.4	13.3	7.60	18.2	YES	631
21	0.53	424	224.7	13.2	7.60	18.2	YES	512
22	0.45	424	190.8	13.4	7.60	17.8	YES	635
23	0.42	424	178.1	13.4	7.55	17.4	YES	497
24	0.39	424	165.4	13.5	7.48	16.8	YES	553
25	0.42	424	178.1	13.8	7.38	15.9	YES	622
26	0.56	424	237.4	13.7	7.33	16.0	YES	577
27	0.7	424	296.8	13.6	7.27	16.0	YES	611
28	0.73	424	309.5	13.5	7.30	16.3	YES	558
29	0.78	424	330.7	13.3	7.23	16.2	YES	578
30	0.81	424	343.4	12.9	7.35	17.5	YES	572
31		424					NO	

[3] If Cl_2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised October 2013