OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: COOS

Month/Year: Jan-25

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

Conventional or Direct Filtration

95% of 4-hour turbidity readings ≤ 0.3 NTU? (Yes / No)

All 4-hour turbidity readings ≤ 1 NTU? (Yes / No)

All turbidity readings < IFE[2] triggers (Yes / No)

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) (Yes / No)

All Cl2 residual at entry point ≥ 0.2 mg/l? (Yes / No)

Notes:

PRINTED NAME: JAMES J. YOURAVISH

SIGNATURE: [signature] 2-3-2025

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:	Jan-25	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	0.7	424	296.8	20.1	7.56	11.5	YES	463
2	0.76	424	322.2	20.3	7.58	11.5	YES	528
3	0.76	424	322.2	22.1	7.58	10.2	YES	492
4	0.8	424	339.2	20.5	7.50	11.1	YES	455
5	0.73	424	309.5	20.6	7.52	11.0	YES	446
6	0.71	424	301.0	20.7	7.74	11.8	YES	536
7	0.76	424	322.2	12.5	7.62	19.7	YES	777
8	0.76	424	322.2	13.1	7.39	17.4	YES	558
9	0.8	424	339.2	13.0	7.70	19.7	YES	484
10	0.82	424	347.7	13.1	7.41	17.6	YES	467
11	0.79	424	335.0	13.1	7.37	17.3	YES	468
12	0.76	424	322.2	12.9	7.77	20.3	YES	515
13	0.76	424	322.2	12.8	7.61	19.2	YES	668
14	0.79	424	335.0	12.6	7.63	19.7	YES	501
15	0.8	424	339.2	12.7	7.93	21.9	YES	497
16	0.83	424	351.9	12.7	7.70	20.2	YES	484
17	0.84	424	356.2	12.5	7.74	20.8	YES	480
18	0.83	424	351.9	12.1	7.78	21.7	YES	517
19	0.84	424	356.2	12.0	7.87	22.5	YES	483
20	0.82	424	347.7	11.9	7.92	23.0	YES	559
21	0.82	424	347.7	11.8	7.91	23.1	YES	488
22	0.83	424	351.9	11.7	7.99	23.9	YES	696
23	0.84	424	356.2	11.8	8.07	24.5	YES	541
24	0.87	424	368.9	12.0	8.24	25.8	YES	916
25	0.84	424	356.2	11.7	7.90	23.2	YES	804
26	0.85	424	360.4	11.6	7.80	22.6	YES	473
27	0.9	424	381.6	11.6	7.77	22.5	YES	824
28	0.89	424	377.4	11.6	7.90	23.5	YES	599
29	0.9	424	381.6	11.4	7.98	24.5	YES	497
30	0.9	424	381.6	8.0	8.07	31.9	YES	705
31	0.85	424	360.4	8.0	8.09	31.9	YES	456

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

Revised October 2013