OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: COOS

Month/Year: Mar-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	OFF	0.05	0.05	0.04	OFF	0.05
2	OFF	OFF	0.05	0.04	0.04	OFF	0.05
3	OFF	OFF	0.04	0.05	0.03	OFF	0.05
4	OFF	OFF	0.04	0.04	0.04	OFF	0.04
5	OFF	OFF	0.04	0.04	0.04	OFF	0.04
6	OFF	0.04	0.06	0.05	0.04	OFF	0.06
7	OFF	OFF	0.05	0.05	0.04	OFF	0.05
8	OFF	OFF	0.05	0.05	0.40	OFF	0.05
9	OFF	0.04	0.05	0.05	0.04	OFF	0.05
10	OFF	0.04	0.05	0.05	0.04	OFF	0.05
11	OFF	0.05	0.05	0.05	0.04	OFF	0.05
12	OFF	0.05	0.05	0.04	0.04	OFF	0.05
13	OFF	0.04	0.07	0.05	0.04	OFF	0.07
14	OFF	0.04	0.07	0.06	0.05	OFF	0.07
15	OFF	OFF	0.06	0.06	OFF	OFF	0.06
16	OFF	0.07	0.06	0.05	OFF	OFF	0.07
17	OFF	0.06	0.06	0.05	0.03	OFF	0.06
18	OFF	0.03	0.04	0.04	0.03	OFF	0.04
19	OFF	0.03	0.04	0.04	0.03	OFF	0.04
20	OFF	0.03	0.10	0.05	0.04	OFF	0.10
21	OFF	OFF	0.08	0.05	0.03	OFF	0.08
22	OFF	OFF	0.05	0.04	OFF	OFF	0.05
23	OFF	0.05	0.06	0.04	0.03	OFF	0.06
24	OFF	0.03	0.03	0.03	0.02	OFF	0.03
25	OFF	0.03	0.03	0.03	0.02	OFF	0.03
26	OFF	OFF	0.09	0.03	0.02	OFF	0.85
27	OFF	0.05	0.08	0.04	0.04	0.04	0.08
28	OFF	0.04	0.07	0.06	0.04	OFF	0.07
29	OFF	OFF	0.05	0.04	OFF	OFF	0.05
30	OFF	0.04	0.04	0.04	OFF	OFF	0.04
31	OFF	0.05	0.04	0.04	OFF	OFF	0.05

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] 4-2-2025

PHONE #: (541)-347-3001 **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:	Mar-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	0.54	424	229.0	10.1	7.84	24.4	YES	653
2	0.51	424	216.2	10.1	7.86	24.5	YES	676
3	0.52	424	220.5	10.2	7.93	25.0	YES	740
4	0.53	424	224.7	10.2	7.97	25.4	YES	686
5	0.52	424	220.5	10.1	7.97	25.5	YES	1085
6	0.54	424	229.0	10.2	7.93	25.1	YES	870
7	0.55	424	233.2	10.2	7.90	24.8	YES	679
8	0.56	424	237.4	10.2	7.90	24.9	YES	710
9	0.58	424	245.9	10.3	7.92	24.9	YES	692
10	0.6	424	254.4	10.4	7.96	25.2	YES	982
11	0.61	424	258.6	10.4	7.97	25.3	YES	1118
12	0.63	424	267.1	10.4	7.99	25.5	YES	1337
13	0.64	424	271.4	10.2	8.00	26.0	YES	823
14	0.7	424	296.8	10.1	8.03	26.6	YES	642
15	0.74	424	313.8	9.9	8.02	27.0	YES	673
16	0.77	424	326.5	9.8	7.99	27.0	YES	663
17	0.73	424	309.5	9.9	7.99	26.7	YES	1363
18	0.69	424	292.6	9.9	7.83	25.1	YES	822
19	0.63	424	267.1	9.9	7.70	23.8	YES	1287
20	0.59	424	250.2	9.9	7.70	23.7	YES	689
21	0.56	424	237.4	9.9	7.70	23.6	YES	698
22	0.52	424	220.5	9.9	7.73	23.8	YES	632
23	0.49	424	207.8	9.9	7.74	23.8	YES	713
24	0.47	424	199.3	10.0	7.74	23.6	YES	1144
25	0.46	424	195.0	10.3	7.73	23.0	YES	1651
26	0.44	424	186.6	10.6	7.71	22.3	YES	1670
27	0.53	424	224.7	10.9	7.64	21.6	YES	746
28	0.58	424	245.9	10.9	7.62	21.5	YES	738
29	0.61	424	258.6	11.0	7.64	21.6	YES	766
30	0.64	424	271.4	11.0	7.71	22.2	YES	713
31	0.64	424	271.4	10.9	7.73	22.5	YES	677

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

Revised October 2013