OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: COOS

Month/Year: Aug-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	0.03	0.10	0.07	0.03	0.03	0.03	0.10
2	OFF	0.20	0.04	0.03	0.03	0.03	0.20
3	OFF	0.04	0.04	0.03	0.02	OFF	0.04
4	OFF	0.04	0.03	0.03	0.03	OFF	0.04
5	OFF	0.04	0.03	0.03	0.03	0.03	0.04
6	OFF	0.14	0.03	0.02	0.02	0.03	0.14
7	OFF	0.18	0.04	0.03	0.03	0.03	0.18
8	OFF	0.03	0.03	0.03	0.03	OFF	0.03
9	0.04	0.03	0.03	0.03	0.02	OFF	0.04
10	OFF	0.03	0.03	0.02	0.02	0.02	0.03
11	OFF	0.11	0.03	0.02	0.02	0.02	0.11
12	OFF	0.10	0.03	0.02	0.02	0.02	0.10
13	OFF	0.03	0.03	0.02	0.02	OFF	0.03
14	0.03	0.03	0.03	0.02	0.02	OFF	0.03
15	OFF	0.03	0.03	0.02	0.02	OFF	0.03
16	0.03	0.12	0.03	0.02	0.02	OFF	0.12
17	OFF	0.04	0.23	0.03	0.03	0.03	0.23
18	OFF	0.04	0.03	0.02	0.02	OFF	0.04
19	0.03	0.03	0.03	0.02	0.03	0.02	0.03
20	OFF	0.03	0.03	0.02	0.02	OFF	0.03
21	OFF	0.03	0.07	0.04	0.10	0.10	0.10
22	0.03	0.03	0.11	0.02	0.02	0.02	0.11
23	OFF	0.03	0.03	0.02	0.02	OFF	0.03
24	0.03	0.03	0.03	0.02	0.02	OFF	0.03
25	0.03	0.03	0.03	0.02	0.02	OFF	0.03
26	OFF	0.03	0.03	0.02	0.02	OFF	0.03
27	0.03	0.15	0.03	0.03	0.03	0.02	0.15
28	OFF	0.03	0.21	0.03	0.03	0.03	0.21
29	OFF	0.03	0.03	0.03	0.03	OFF	0.03
30	OFF	0.04	0.03	0.03	0.03	0.03	0.04
31	OFF	0.04	0.03	0.03	0.03	0.03	0.04

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] 9-3-2025

PHONE #: (541) 347-3001 **CERT #:** T-09155

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name:	Bandon, City of	ID#: 4100074	Month/Year:	Aug-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	0.81	424	343.4	17.2	7.85	15.8	YES	948
2	0.79	424	335.0	17.3	7.89	15.9	YES	899
3	0.81	424	343.4	17.4	7.96	16.2	YES	882
4	0.78	424	330.7	17.5	7.95	16.0	YES	930
5	0.79	424	335.0	17.4	7.91	15.9	YES	1101
6	0.78	424	330.7	17.5	7.86	15.5	YES	945
7	0.73	424	309.5	17.5	7.94	15.8	YES	1051
8	0.73	424	309.5	17.5	8.06	16.6	YES	1021
9	0.73	424	309.5	17.6	8.05	16.4	YES	908
10	0.73	424	309.5	17.6	8.01	16.1	YES	895
11	0.73	424	309.5	18.5	7.91	14.7	YES	1075
12	0.76	424	322.2	17.7	7.89	15.4	YES	1345
13	0.81	424	343.4	17.7	8.02	16.2	YES	928
14	0.79	424	335.0	17.7	8.03	16.3	YES	1116
15	0.8	424	339.2	17.8	7.89	15.4	YES	1012
16	0.78	424	330.7	17.8	7.75	14.6	YES	912
17	0.79	424	335.0	17.8	7.75	14.6	YES	829
18	0.8	424	339.2	17.7	7.66	14.2	YES	1349
19	0.81	424	343.4	17.7	7.72	14.5	YES	1651
20	0.8	424	339.2	18.3	7.69	13.8	YES	1082
21	0.78	424	330.7	18.3	7.67	13.7	YES	1108
22	0.84	424	356.2	18.0	7.46	13.0	YES	1167
23	0.85	424	360.4	17.4	7.78	15.2	YES	887
24	0.82	424	347.7	17.4	7.84	15.5	YES	959
25	0.8	424	339.2	17.4	7.86	15.6	YES	919
26	0.78	424	330.7	17.4	7.78	15.1	YES	1049
27	0.78	424	330.7	17.3	7.81	15.4	YES	911
28	0.79	424	335.0	17.8	7.84	15.1	YES	937
29	0.81	424	343.4	17.0	7.90	16.3	YES	1015
30	0.8	424	339.2	16.8	7.83	16.1	YES	862
31	0.82	424	347.7	16.7	7.83	16.2	YES	918

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

Revised October 2013