

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: coos

Conventional or Direct Filtration

Month/Year: Sept 2025

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	0.04	0.09	0.03	0.03	0.03	0.03	0.09
2	OFF	0.11	0.04	0.03	0.03	0.03	0.11
3	OFF	0.05	0.03	0.03	0.03	OFF	0.05
4	OFF	0.04	0.03	0.03	0.03	OFF	0.04
5	OFF	0.04	0.03	0.02	0.03	OFF	0.04
6	OFF	0.16	0.04	0.03	0.03	0.03	0.16
7	OFF	0.29	0.04	0.03	0.03	0.03	0.29
8	OFF	0.04	0.05	0.07	0.06	OFF	0.07
9	OFF	0.04	0.03	0.03	0.03	OFF	0.04
10	OFF	0.04	0.03	0.03	0.03	OFF	0.04
11	0.04	0.11	0.04	0.03	0.03	OFF	0.11
12	OFF	0.17	0.04	0.03	0.03	OFF	0.17
13	OFF	0.04	0.04	0.03	0.03	OFF	0.04
14	OFF	0.04	0.04	0.03	0.03	OFF	0.04
15	OFF	0.05	0.04	0.03	OFF	OFF	0.05
16	OFF	0.04	0.04	0.03	0.03	OFF	0.04
17	0.04	0.12	0.04	0.03	0.03	OFF	0.12
18	OFF	0.14	0.04	0.03	0.03	OFF	0.14
19	OFF	0.04	0.04	0.03	0.03	OFF	0.04
20	OFF	0.04	0.03	0.03	0.03	OFF	0.04
21	OFF	0.04	0.04	0.03	0.03	OFF	0.04
22	OFF	0.04	0.04	0.03	0.03	OFF	0.04
23	OFF	0.15	0.04	0.03	0.03	0.03	0.15
24	OFF	0.11	0.05	0.04	0.04	0.04	0.11
25	OFF	0.05	0.04	0.04	0.03	OFF	0.05
26	OFF	0.04	0.04	0.03	0.03	OFF	0.04
27	OFF	0.04	0.04	0.03	0.03	OFF	0.04
28	OFF	0.04	0.04	0.03	0.03	OFF	0.04
29	OFF	0.26	0.04	0.03	0.03	OFF	0.26
30	OFF	0.05	0.12	0.04	0.03	OFF	0.12
31							

Conventional or Direct Filtration

95% of 4-hour turbidity readings $\leq$ 0.3 NTU?

Yes / No

All 4-hour turbidity readings $\leq$ 1 NTU?

Yes / No

All turbidity readings < IFE² triggers

Yes / No

Monthly Summary (Answer Yes or No)

CT's met everyday?
(see back)

Yes / No

All Cl₂ residual at entry point
 $\geq$ 0.2 mg/l?

Yes / No

Notes:

PRINTED NAME: JAMES J. YOURAVISH

SIGNATURE:

PHONE #: (541)-347-3007

10-2-2025

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

WTP - :

System Name:	Bandon, City of	ID#: 4100074	Month/Year:		Disinfection <i>Giardia</i> 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	0.82	424	347.7	16.7	7.80	16.0	YES	1067
2	0.8	424	339.2	16.6	7.90	16.7	YES	1012
3	0.74	424	313.8	17.4	8.05	16.6	YES	958
4	0.68	424	288.3	17.4	7.93	15.8	YES	1158
5	0.63	424	267.1	17.4	7.81	15.0	YES	1047
6	0.62	424	262.9	17.3	7.81	15.1	YES	845
7	0.66	424	279.8	17.2	7.62	14.2	YES	861
8	0.71	424	301.0	17.2	7.72	14.9	YES	926
9	0.66	424	279.8	17.2	7.72	14.8	YES	872
10	0.62	424	262.9	17.1	7.73	14.9	YES	968
11	0.63	424	267.1	17.1	7.56	14.0	YES	1107
12	0.65	424	275.6	17.1	7.61	14.3	YES	1147
13	0.58	424	245.9	17.0	7.80	15.3	YES	905
14	0.62	424	262.9	17.1	7.77	15.1	YES	1021
15	0.63	424	267.1	17.1	7.78	15.2	YES	945
16	0.64	424	271.4	17.2	7.65	14.4	YES	861
17	0.67	424	284.1	17.3	7.60	14.1	YES	935
18	0.67	424	284.1	17.2	7.65	14.4	YES	821
19	0.64	424	271.4	17.1	8.03	16.6	YES	1170
20	0.59	424	250.2	17.2	8.08	16.7	YES	797
21	0.56	424	237.4	17.1	8.02	16.4	YES	793
22	0.55	424	233.2	16.9	7.87	15.7	YES	940
23	0.55	424	233.2	16.9	7.87	15.7	YES	1357
24	0.58	424	245.9	16.8	7.78	15.4	YES	951
25	0.58	424	245.9	16.7	7.92	16.3	YES	1014
26	0.53	424	224.7	16.3	8.04	17.4	YES	1080
27	0.53	424	224.7	16.7	8.11	17.4	YES	805
28	0.57	424	241.7	16.7	8.08	17.3	YES	751
29	0.58	424	245.9	16.4	7.95	16.8	YES	998
30	0.65	424	275.6	16.4	7.85	16.3	YES	810
31		424					NO	

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

Revised October 2013