

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: COOS  
 Month/Year: Feb-26

Conventional or Direct Filtration

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day [NTU]
1	OFF	0.03	0.02	0.02	0.02	0.02	0.03
2	OFF	0.02	0.02	0.02	0.02	OFF	0.02
3	OFF	0.03	0.02	0.02	0.02	OFF	0.03
4	OFF	0.06	0.06	0.02	0.02	OFF	0.06
5	OFF	0.03	0.06	0.02	0.02	OFF	0.06
6	OFF	0.03	0.02	0.02	OFF	OFF	0.03
7	OFF	0.03	0.02	0.02	0.02	OFF	0.03
8	OFF	OFF	0.03	0.02	0.02	OFF	0.03
9	OFF	OFF	0.03	0.02	0.02	OFF	0.03
10	OFF	0.08	0.04	0.02	0.03	OFF	0.08
11	OFF	0.04	0.07	0.04	0.04	0.03	0.07
12	OFF	0.04	0.04	0.04	0.04	OFF	0.04
13	OFF	0.04	0.04	0.04	OFF	OFF	0.04
14	OFF	OFF	0.06	0.04	0.04	OFF	0.06
15	OFF	OFF	0.06	0.05	0.04	OFF	0.06
16	OFF	OFF	0.06	0.05	0.06	OFF	0.06
17	OFF	OFF	0.08	0.08	0.09	OFF	0.09
18	OFF	0.10	0.12	0.12	0.12	0.14	0.14
19	0.11	OFF	0.15	0.15	0.16	0.07	0.16
20	OFF	OFF	0.06	0.03	0.03	OFF	0.06
21	OFF	OFF	0.10	0.03	0.02	OFF	0.10
22	OFF	OFF	0.07	0.02	0.02	OFF	0.07
23	OFF	0.10	0.05	0.02	0.02	OFF	0.10
24	OFF	OFF	0.09	0.02	0.02	OFF	0.09
25	OFF	0.02	0.08	0.02	0.02	0.02	0.08
26	OFF	0.02	0.07	0.03	0.02	OFF	0.07
27	OFF	OFF	0.15	0.03	0.03	OFF	0.15
28	OFF	OFF	0.10	0.03	0.03	OFF	0.10
29							
30							
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings $\leq$ 0.3 NTU? Yes / No	CT's met everyday? (see back) Yes / No	All Cl2 residual at entry point $\geq$ 0.2 mg/l? Yes / No
All 4-hour turbidity readings $\leq$ 1 NTU? Yes / No		
All turbidity readings < IFE <sup>2</sup> triggers Yes / No		
Notes:	PRINTED NAME: JAMES J. YOURAVISH	
	SIGNATURE: <i>[Signature]</i>	3-4-2026
	PHONE #: (541)-347-3007	CERT #: T-09155

<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: <b>Bandon, City of</b>				ID#: <b>4100074</b>	Month/Year: <b>Feb-26</b>	WTP - : Disinfection <i>Giardia</i> Log Inactiv: <b>0.5</b>	
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	0.65	424	275.6	11.1	7.45	20.2	YES	475
2	0.62	424	262.9	11.2	7.44	19.9	YES	752
3	0.59	424	250.2	11.3	7.47	19.9	YES	495
4	0.56	424	237.4	11.5	7.45	19.5	YES	544
5	0.6	424	254.4	11.6	7.53	20.0	YES	776
6	0.64	424	271.4	11.7	7.59	20.4	YES	684
7	0.69	424	292.6	11.8	7.65	20.8	YES	426
8	0.73	424	309.5	11.8	7.63	20.7	YES	436
9	0.71	424	301.0	11.8	7.56	20.2	YES	485
10	0.77	424	326.5	11.7	7.52	20.2	YES	679
11	0.76	424	322.2	11.6	7.39	19.4	YES	738
12	0.75	424	318.0	11.6	7.40	19.4	YES	934
13	0.7	424	296.8	11.6	7.39	19.3	YES	438
14	0.67	424	284.1	11.5	7.46	19.8	YES	457
15	0.63	424	267.1	11.5	7.63	20.9	YES	507
16	0.59	424	250.2	11.5	7.67	21.1	YES	503
17	0.54	424	229.0	11.3	7.59	20.7	YES	520
18	0.53	424	224.7	11.1	7.57	20.8	YES	1186
19	0.51	424	216.2	10.9	7.59	21.2	YES	443
20	0.49	424	207.8	10.7	7.60	21.5	YES	454
21	0.47	424	199.3	10.7	7.53	20.9	YES	439
22	0.48	424	203.5	10.8	7.48	20.4	YES	452
23	0.5	424	212.0	11.0	7.42	19.8	YES	489
24	0.51	424	216.2	11.2	7.42	19.5	YES	486
25	0.52	424	220.5	11.4	8.14	24.9	YES	494
26	0.54	424	229.0	11.5	8.03	23.8	YES	548
27	0.52	424	220.5	11.7	7.91	22.5	YES	542
28	0.53	424	224.7	11.9	7.91	22.2	YES	457
29		424					NO	
30		424					NO	
31		424					NO	

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised October 2013

**Lead & Copper Rule Corrosion Control**

Day	pH	Alk	Phos	Other	Y/N
1	7.50				Y
2	7.46				Y
3	7.47				Y
4	7.53				Y
5	7.59				Y
6	7.65				Y
7	7.68				Y
8	7.62				Y
9	7.56				Y
10	7.47				Y
11	7.36				Y
12	7.37				Y
13	7.45				Y
14	7.51				Y
15	7.60				Y
16	7.66				Y
17	7.64				Y
18	7.61				Y
19	7.64				Y
20	7.60				Y
21	7.49				Y
22	7.42				Y
23	7.42				Y
24	7.68				Y
25	8.12				Y
26	7.98				Y
27	7.91				Y
28	7.90				Y
29					
30					
31					

(No = N = Excursion) Total N's

0

<<Have minimums been met for this day?

**ENTRY POINT**

PWS ID: 41

0 0 0 7 4

System Name:

Bandon, City of

Entry Point:

A

Sample Period:

February 2026  
Month / Year

Number of excursions\* during this month: 0

(Count the number of days when any WQP was less than the minimum required)

Total excursions during the previous 5 months: 0

(Over 9 excursions in 6 months is a violation.)

Entry Point and Distribution excursions are

For OHA

**Minimum Water Quality Parameters as set by**

pH 7.1  
 ALK (Alkalinity)  
 PO4 (Orthophosphate)  
 Other ( )

Print Name: James Youravish

Signature:

Date:

*James Youravish*  
3-4-2026

Send to DWP with 10 days after end of sampling period