

Oregon DHS - Drinking Water Program — Turbidity Monitoring Report Form

System Name: City of Myrtle Creek			ID #: 41-00550				WTP: A	Month/Year: Mar. 2025	
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]	Peak Hourly Demand Flow [GPM]	
1	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
2	OFF	0.043	0.040	0.037	OFF	OFF	0.043	900	
3	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
4	OFF	OFF	0.028	0.028	0.027	0.026	0.028	900	
5	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
6	OFF	OFF	0.035	0.028	0.028	0.028	0.035	900	
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
8	OFF	OFF	0.041	0.038	0.040	OFF	0.041	900	
9	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
10	OFF	OFF	0.028	0.029	0.043	0.042	0.043	900	
11	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
12	OFF	OFF	0.028	0.027	0.043	0.039	0.039	900	
13	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
14	OFF	OFF	0.041	OFF	OFF	0.028	0.041	900	
15	0.029	OFF	OFF	0.029	OFF	0.028	0.029	900	
16	0.042	OFF	OFF	OFF	OFF	OFF	0.042	700	
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
18	OFF	OFF	OFF	0.046	0.041	0.038	0.046	700	
19	OFF	OFF	OFF	0.029	0.029	OFF	0.029	700	
20	OFF	OFF	OFF	0.029	0.042	0.044	0.044	900	
21	0.044	0.041	0.040	OFF	OFF	OFF	0.044	900	
22	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
24	OFF	0.030	0.028	0.030	0.028	0.028	0.030	900	
25	0.028	0.029	0.028	OFF	OFF	OFF	0.029	900	
26	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
27	OFF	0.032	0.031	0.040	0.029	0.028	0.040	900	
28	0.030	OFF	0.039	OFF	OFF	0.043	0.043	900	
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
31	OFF	0.044	0.041	0.043	0.042	0.044	0.044	900	

Conventional or Direct Filtration				Monthly UV Summary (Circle Yes or No)			
95% of the 4-hour turbidity readings $\leq$ 0.3 NTU? Yes / No				Is volume of off-spec water produced less than 5% in the month? Yes / No			
All the 4-hour turbidity readings < 1 NTU? Yes / No							
All turbidity readings < IFE triggers? Yes / No ₂							
OR				PRINTED NAME: Steve Ledbetter			
Slow Sand/Cartridge Membrane Filtration				SIGNATURE: <i>Steve Ledbetter</i>			
95% of turbidity readings < 1 NTU? Yes / No				DATE: 04/01/2025			
All turbidity readings < 5 NTU? Yes / No				PHONE: 541-863-3171			
Is there 4-log virus inactivation provided with ☒ Chlorine; ☐ Other				CERT #: 08622			
				CTViral: Required= 4			
				Achieved= 4			

¹ Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM through

COUNTY: Douglas

Oregon DHS - Drinking Water Program – Surface Water Quality Data

System Name: City of Myrtle Creek PWS ID#: 41-00550A

Month/Year: Mar 2025

Minimum UVT [%] during month: 94.4 Duty sensor variation from reference sensor: 3.3 %

Minimum Validated UVT : 75% {Insert Req'd Value}

Date	Peak Hourly Demand Flow	Minimum Intensity	All Lamps On?	Daily Water Produced {A}	Water outside Validated Conditions {B}	Cumulative % Off-Spec Water Produced
	[gpm/unit]	[^{mW} /cm ²]	[Y or N]	[gal]	[gal]	(Mo. Sum {B}) ÷ (Mo. Sum {A}) * 100 [%]
1	OFF	OFF	Y	OFF	OFF	#VALUE!
2	900	98.30	Y	783872	0	0
3	OFF	OFF	Y	OFF	OFF	#VALUE!
4	900	98.50	Y	936448	0	0
5	OFF	OFF	Y	OFF	OFF	#VALUE!
6	900	97.90	Y	808960	0	0
7	OFF	OFF	Y	OFF	OFF	#VALUE!
8	900	98.50	Y	761856	0	0
9	OFF	OFF	Y	OFF	OFF	#VALUE!
10	900	94.40	Y	934656	0	0
11	OFF	OFF	Y	OFF	OFF	#VALUE!
12	900	97.40	Y	788736	0	0
13	OFF	OFF	Y	OFF	OFF	#VALUE!
14	900	94.70	Y	812544	0	0
15	900	96.60	Y	380928	0	0
16	700	96.00	Y	120576	0	0
17	OFF	OFF	Y	OFF	OFF	#VALUE!
18	700	96.10	Y	410880	0	0
19	700	96.00	Y	478976	0	0
20	900	95.40	Y	755968	0	0
21	900	96.00	Y	758528	0	0
22	OFF	OFF	Y	OFF	OFF	#VALUE!
23	OFF	OFF	Y	OFF	OFF	#VALUE!
24	900	97.90	Y	1105664	0	0
25	900	97.50	Y	422595	0	0
26	OFF	OFF	Y	OFF	OFF	#VALUE!
27	900	97.80	Y	1151232	0	0
28	900	96.30	Y	388608	0	0
29	OFF	OFF	Y	OFF	OFF	#VALUE!
30	OFF	OFF	Y	OFF	OFF	#VALUE!
31	900	99.50	Y	1074944	0	0
Monthly Cumulative % Off-Spec Water Produced						#VALUE!

Signature:  Op Cert #: 08622 Date: April 1, 2025

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP: A

System Name: City of Myrtle Creek ID#: 41 00550 Month/Year: Mar-25

Disinfection *Giardia* Log
Inactiv: 1.0

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	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
2	14:34	1.29	83	107.1	11.1	7.2	39.8	YES	900
3	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
4	5:59	1.10	83	91.3	10.5	7.2	40.5	YES	900
5	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
6	7:38	1.26	83	88.0	10.8	7.3	40.9	YES	900
7	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
8	5:56	0.98	83	81.3	11.1	7.2	38.4	YES	900
9	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
10	7:45	0.98	83	81.3	10.2	7.3	42.2	YES	900
11	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
12	7:38	0.98	83	81.3	11.0	7.4	41.5	YES	900
13	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
14	2:06	0.99	83	82.2	9.3	7.3	44.8	YES	900
15	14:22	1.00	83	83.0	11.0	7.2	38.8	YES	900
16	12:46	1.01	83	83.8	10.3	7.3	42.1	YES	700
17	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
18	10:33	0.75	83	62.3	9.9	7.2	40.5	YES	700
19	11:07	1.30	83	107.9	9.6	7.2	43.9	YES	700
20	14:01	1.17	83	97.1	9.9	7.2	42.4	YES	900
21	8:00	1.06	83	88.0	9.6	7.2	42.8	YES	900
22	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
23	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
24	2:59	0.91	83	75.5	11.2	7.0	35.4	YES	900
25	7:41	1.15	83	95.5	11.5	7.1	36.9	YES	900
26	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
27	4:06	0.94	83	78.0	12.3	7.2	35.4	YES	900
28	10:06	0.73	83	60.6	11.6	7.2	36.2	YES	900
29	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
30	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
31	4:20	0.83	83	68.9	10.7	7.2	38.8	YES	900

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

Revised October 2013