County: Douglas

Oregon DHS - Drinking Water Program — Turbidity Monitoring Report Form

System Name: City of Myrtle Creek | **ID #:** 41-00550 | **WTP:** A | **Month/Year: APRIL 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	0.034	0.030	0.029	0.042	OFF	0.042	900
3	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
4	OFF	OFF	0.031	0.030	0.030	0.031	0.034	900
5	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
6	OFF	OFF	0.040	0.045	0.030	0.030	0.045	900
7	OFF	OFF	0.029	OFF	0.045	OFF	0.045	900
8	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
9	OFF	0.040	0.030	0.030	0.031	OFF	0.04	900
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
11	OFF	OFF	0.039	0.042	0.042	0.041	0.05	900
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
13	OFF	OFF	0.038	0.035	0.045	0.046	0.046	OFF
14	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
15	OFF	OFF	0.033	OFF	OFF	OFF	0.033	900
16	OFF	OFF	0.049	0.043	0.044	0.046	0.049	900
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	OFF	0.047	0.034	0.036	0.035	OFF	0.044	900
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
20	OFF	OFF	0.048	0.045	0.035	0.033	0.048	900
21	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
22	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
23	OFF	0.039	0.036	0.036	0.036	0.037	0.045	1100
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
25	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
26	OFF	0.043	0.040	0.041	0.038	0.040	0.043	1100
27	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
29	OFF	OFF	0.043	0.040	0.055	0.057	0.057	1100
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
31								

Conventional or Direct Filtration

95% of the 4-hour turbidity readings ≤ 0.3 NTU? **Yes / No**
All the 4-hour turbidity readings < 1 NTU? **Yes / No**
All turbidity readings < IFE triggers? **Yes / No** 2

OR

Slow Sand/Cartridge/Membrane/DE Filtration

95% of turbidity readings < 1 NTU? **Yes / No**
All turbidity readings < 5 NTU? **Yes / No**

Monthly UV Summary (Circle Yes or No)

Is volume of off-spec water produced less than 5% in the month? **Yes / No**

PRINTED NAME: Steve Ledbetter

SIGNATURE: Steve Ledbetter **DATE: May 1, 2025**

PHONE: 541-863-3171 **CERT #: 08622**

Is there 4-log virus inactivation provided with ☒Chlorine; ☐Other **Yes / No**

CTViral: Required= 4 Achieved= 4

1 Including continuous turbidity 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 = Individual Filter Effluant. (OAR 333-061-0040 (1)(d)(B&C))

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- :	A
Disinfection *Giardia* Log Inactiv:	1.0

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

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	5:16	0.87	83	72.2	10.5	7.2	39.5	YES	900
3	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
4	6:04	0.78	83	64.7	10.7	7.1	37.3	YES	900
5	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
6	7:37	0.69	83	57.3	12.4	7.0	32.0	YES	900
7	6:04	0.76	83	63.1	12.4	7.1	33.3	YES	900
8	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
9	5:22	0.93	83	77.2	12.6	7	31.7	YES	900
10	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
11	6:36	0.98	83	81.3	13.5	7.1	31.2	YES	900
12	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
13	7:36	0.88	83	73.0	13.3	7.1	31.2	YES	900
14	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
15	6:54	0.87	83	72.2	13.4	7.1	31.0	YES	900
16	8:17	0.62	83	51.5	13.5	7.2	31.1	YES	900
17	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
18	3:50	1.03	83	85.5	14.5	7.2	30.4	YES	900
19	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
20	6:54	0.98	83	81.3	14.4	7.2	30.5	YES	900
21	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
22	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
23	2:11	0.95	83	78.9	13.5	7.3	33.5	YES	1100
24	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
25	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
26	13:31	1.04	83	86.3	14.4	7.3	31.8	YES	1100
27	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
28	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
29	5:19	0.88	83	73.0	14.4	7.2	30.1	YES	1100
30	OFF	OFF	83	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF

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

Revised October 2013

COUNTY: Douglas

Oregon DHS - Drinking Water Program – Surface Water Quality Data

System Name: City of Myrtle Creek PWS ID#: 41-00550A Month/Year: Apr 2025

Minimum UVT [%] during month: __95.7___ Duty sensor variation from reference sensor: ___2.8__%

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]	[$^{mW}/_{cm2}$]	[Y or N]	[gal]	[gal]	(Mo. Sum {B}) ÷ (Mo. Sum {A}) * 100 **[%]**
1	OFF	OFF	OFF	OFF	OFF	#VALUE!
2	900	98.0	Y	893696	0	0
3	OFF	OFF	OFF	OFF	OFF	o
4	900	98.0	Y	800000	0	0
5	OFF	OFF	OFF	OFF	OFF	#VALUE!
6	900	97.3	Y	888576	0	0
7	900	97.9	Y	395008	0	0
8	OFF	OFF	OFF	OFF	OFF	#VALUE!
9	900	98.0	Y	727808	0	0
10	OFF	OFF	OFF	OFF	OFF	#VALUE!
11	900	98.7	y	895488	0	0
12	OFF	OFF	OFF	OFF	OFF	#VALUE!
13	900	99.5	Y	868608	0	0
14	OFF	OFF	OFF	OFF	OFF	#VALUE!
15	900	98.2	Y	318208	0	0
16	900	98.9	Y	1019648	0	0
17	OFF	OFF	OFF	OFF	OFF	#VALUE!
18	900	98.8	Y	789504	0	0
19	OFF	OFF	OFF	OFF	OFF	#VALUE!
20	900	98.5	Y	1063168	0	0
21	OFF	OFF	OFF	OFF	OFF	#VALUE!
22	OFF	OFF	OFF	OFF	OFF	#VALUE!
23	1100	97.8	Y	1400832	0	0
24	OFF	OFF	OFF	OFF	OFF	#VALUE!
25	OFF	OFF	OFF	OFF	OFF	#VALUE!
26	1100	95.7	Y	1335552	0	0
27	OFF	OFF	OFF	OFF	OFF	#VALUE!
28	OFF	OFF	OFF	OFF	OFF	#VALUE!
29	1100	97.9	Y	1126144	0	0
30	OFF	OFF	OFF	OFF	OFF	#VALUE!
31						#DIV/0!
Monthly Cumulative % Off-Spec Water Produced						#VALUE!

Signature. _____ Op Cert #: __08622___ Date: _May 1, 2025___