

OHA - Drinking Water Program - Turbidity Monitoring Report Form County:COOS Conventional or Direct Filtration

System Name: MYRTLE POINT, CITY OF ID:OR4100551 WTP:-WTP-A Month/Year: June 2024

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	----	----	----	----	----	----	----
2	----	----	----	----	----	----	----
3	----	----	0.05	0.04	0.04	----	0.05
4	----	----	0.04	0.04	----	----	0.04
5	----	----	0.06	0.04	----	----	0.06
6	----	----	----	----	----	----	----
7	----	----	0.05	0.04	0.04	----	0.05
8	----	----	----	----	----	----	----
9	----	----	----	----	----	----	----
10	----	----	0.04	0.04	0.04	----	0.04
11	----	----	0.04	0.04	----	----	0.04
12	----	----	0.04	0.04	----	----	0.04
13	----	----	0.04	----	----	----	0.04
14	----	----	0.04	0.04	----	----	0.04
15	----	----	----	----	----	----	----
16	----	----	----	----	----	----	----
17	----	----	0.05	0.05	0.04	----	0.05
18	----	----	0.05	0.04	0.05	----	0.05
19	----	----	----	----	----	----	----
20	----	----	----	0.05	0.05	----	0.05
21	----	----	0.05	0.05	0.05	----	0.05
22	----	----	----	----	----	----	----
23	----	----	----	----	----	----	----
24	----	----	0.04	0.05	0.05	----	0.05
25	----	----	0.03	0.03	0.03	----	0.03
26	----	----	0.03	0.03	0.03	----	0.03
27	----	----	0.02	0.02	----	----	0.02
28	----	----	0.02	0.02	----	----	0.02
29	----	----	----	----	----	----	----
30	----	----	----	----	----	----	----
31	----	----	----	----	----	----	----

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of the 4 hour turbidity readings \leq 0.3 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl ₂ residual at entry point \geq 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
All the 4 hour turbidity readings \leq 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No		
All turbidity readings < IFE ² triggers? <input checked="" type="radio"/> Yes <input type="radio"/> No ²		
Notes:	PRINTED NAME: <u>Ryan A. Sherman</u>	
	SIGNATURE: <u>Ryan A. S</u>	DATE: July 1, 2024
	PHONE #: (541) 572-2589	CERT #: <u>91841</u>

¹ Including continuous data, if applicable, for optimizing recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum.

² IFE=Individual Filter Effluent (OAR 333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

MYRTLE POINT, CITY OF ID #: OR4100551 WTP-: WTP-A Month/Year: June 2024								Required Log Inactivation: 1
Date / Time	Min. Cl ₂ Residual At 1 st 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]	S.U.	Formula	Yes / No	[GPM]
1 / 11 AM	----	----	----	----	----	----	----	----
2 / 11 AM	----	----	----	----	----	----	----	----
3 / 11 AM	1.0	105	107	15.0	7.7	35	Yes	1200
4 / 11 AM	1.1	105	111	15.6	7.7	34	Yes	1200
5 / 11 AM	1.1	105	111	15.6	7.7	34	Yes	1200
6 / 11 AM	----	----	----	----	----	----	----	----
7 / 11 AM	1.0	105	108	16.7	7.7	32	Yes	1200
8 / 11 AM	----	----	----	----	----	----	----	----
9 / 11 AM	----	----	----	----	----	----	----	----
10 / 11 AM	1.0	105	101	17.2	7.7	30	Yes	1200
11 / 11 AM	0.9	105	95	17.2	7.7	31	Yes	1200
12 / 11 AM	0.9	105	93	18.3	7.7	28	Yes	1200
13 / 11 AM	0.9	105	93	18.3	7.9	30	Yes	1200
14 / 11 AM	0.9	105	98	18.3	7.9	30	Yes	1200
15 / 11 AM	----	----	----	----	----	----	----	----
16 / 11 AM	----	----	----	----	----	----	----	----
17 / 11 AM	0.7	105	78	18.3	8.0	31	Yes	1200
18 / 11 AM	0.9	105	91	18.3	8.1	32	Yes	1200
19 / 11 AM	----	----	----	----	----	----	----	----
20 / 11 AM	0.9	105	99	17.2	8.2	37	Yes	1200
21 / 11 AM	0.9	105	92	18.3	8.2	34	Yes	1200
22 / 11 AM	----	----	----	----	----	----	----	----
23 / 11 AM	----	----	----	----	----	----	----	----
24 / 11 AM	0.8	105	84	18.3	8.3	35	Yes	1200
25 / 11 AM	0.9	105	91	18.3	8.3	35	Yes	1200
26 / 11 AM	0.9	105	92	18.3	8.3	35	Yes	1200
27 / 11 AM	0.9	105	97	18.3	8.2	34	Yes	1200
28 / 11 AM	1.2	105	129	18.3	8.1	34	Yes	1200
29 / 11 AM	----	----	----	----	----	----	----	----
30 / 11 AM	----	----	----	----	----	----	----	----
31 / 11 AM	----	----	----	----	----	----	----	----

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.

Revised February 2012