

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

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of the 4 hour turbidity readings ≤ 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 ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All the 4 hour turbidity readings ≤ 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: 22nd Had Sanitary Survey and Chlorine Injection Pump went down. Shutdown For Repairs	PRINTED NAME: Ryan A. Sherman	
	SIGNATURE:	DATE: July 31, 2024
	PHONE #: (541) 572-2589	CERT #: 9184

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: July 2024

Required Log Inactivation **0.5**

was told to change by Kent Downs

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	1.1	105	118	18.9	8.3	17	Yes	1200
2 / 11 AM	1.2	105	128	19.4	8.2	16	Yes	1200
3 / 11 AM	1.3	105	133	20.0	8.2	16	Yes	1200
4 / 11 AM	1.1	105	113	20.0	8.2	15	Yes	1200
5 / 11 AM	1.1	105	117	20.6	8.3	15	Yes	1200
6 / 11 AM	----	----	----	----	----	----	----	----
7 / 11 AM	----	----	----	----	----	----	----	----
8 / 11 AM	0.7	105	74	21.7	8.4	14	Yes	1200
9 / 11 AM	0.9	105	91	22.2	8.5	15	Yes	1200
10 / 11 AM	0.9	105	95	22.8	8.6	14	Yes	1200
11 / 11 AM	0.9	105	95	23.9	8.6	13	Yes	1200
12 / 11 AM	0.9	105	93	21.7	8.5	15	Yes	1200
13 / 11 AM	----	----	----	----	----	----	----	----
14 / 11 AM	----	----	----	----	----	----	----	----
15 / 11 AM	0.9	105	89	23.9	8.6	13	Yes	1200
16 / 11 AM	0.9	105	98	23.9	8.5	13	Yes	1200
17 / 11 AM	1.0	105	103	23.9	8.5	13	Yes	1200
18 / 11 AM	1.1	105	110	23.9	8.5	13	Yes	1200
19 / 11 AM	1.0	105	109	22.8	8.7	15	Yes	1200
20 / 11 AM	----	----	----	----	----	----	----	----
21 / 11 AM	----	----	----	----	----	----	----	----
22 / 11 AM	0.9	105	89	21.7	8.6	16	Yes	1200
23 / 11 AM	0.9	105	95	21.1	8.6	16	Yes	1200
24 / 11 AM	1.0	105	104	21.1	8.5	16	Yes	1200
25 / 11 AM	0.8	105	84	22.2	8.5	14	Yes	1200
26 / 11 AM	0.9	105	91	22.2	8.5	14	Yes	1200
27 / 11 AM	----	----	----	----	----	----	----	----
28 / 11 AM	----	----	----	----	----	----	----	----
29 / 11 AM	0.7	105	68	21.1	8.4	15	Yes	1200
30 / 11 AM	0.8	105	84	21.1	8.3	14	Yes	1200
31 / 11 AM	0.9	105	93	21.1	8.2	14	Yes	1200

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