

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: December 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	----	----	0.03	0.03	0.03	----	0.03
3	----	----	0.04	0.03	0.03	----	0.04
4	----	----	0.04	0.03	0.03	0.03	0.04
5	----	----	0.03	0.03	----	----	0.03
6	----	----	0.03	0.03	0.03	----	0.03
7	----	----	----	----	----	----	----
8	----	----	----	----	----	----	----
9	----	----	0.03	0.03	0.03	----	0.03
10	----	----	0.04	0.03	0.03	----	0.04
11	----	----	0.03	0.03	0.03	----	0.03
12	----	----	0.03	0.03	0.03	----	0.03
13	----	----	0.03	0.03	0.03	----	0.03
14	----	----	----	----	----	----	----
15	----	----	----	----	----	----	----
16	----	----	0.04	0.04	0.04	----	0.04
17	----	----	0.05	0.04	0.04	----	0.05
18	----	----	0.04	0.04	0.04	----	0.04
19	----	----	0.04	0.05	0.04	----	0.05
20	----	----	----	0.05	----	----	0.05
21	----	----	----	----	----	----	----
22	----	----	----	----	----	----	----
23	----	----	0.05	0.05	0.05	----	0.05
24	----	----	0.05	0.03	----	----	0.05
25	----	----	----	----	----	----	----
26	----	----	0.03	0.03	0.03	0.03	0.03
27	----	----	0.03	0.03	0.03	----	0.03
28	----	----	----	----	----	----	----
29	----	----	----	----	----	----	----
30	----	----	----	0.03	0.03	----	0.03
31	----	----	0.03	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:	PRINTED NAME: <i>Ryan A. Sherman</i>	
	SIGNATURE: <i>Ryan A. Sherman</i>	DATE: January 2, 2025
	PHONE #: (541) 572-2589	CERT #: <i>9184</i>

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: December 2024 Required Log Inactivation: .5

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	0.9	105	90	9.4	8.1	29	Yes	850
3 / 11 AM	1.0	105	103	8.9	8.3	33	Yes	850
4 / 11 AM	1.1	105	112	8.3	8.0	31	Yes	850
5 / 11 AM	1.2	105	122	8.3	8.4	37	Yes	850
6 / 11 AM	1.2	105	126	8.3	8.1	33	Yes	850
7 / 11 AM	----	----	----	----	----	----	----	----
8 / 11 AM	----	----	----	----	----	----	----	----
9 / 11 AM	0.8	105	84	7.8	8.1	33	Yes	850
10 / 11 AM	1.2	105	124	7.2	8.0	34	Yes	850
11 / 11 AM	1.2	105	130	7.2	7.9	32	Yes	850
12 / 11 AM	1.3	105	141	7.2	7.9	33	Yes	850
13 / 11 AM	1.3	105	137	7.2	7.9	33	Yes	850
14 / 11 AM	----	----	----	----	----	----	----	----
15 / 11 AM	----	----	----	----	----	----	----	----
16 / 11 AM	1.1	105	118	7.2	7.8	31	Yes	850
17 / 11 AM	1.2	105	129	7.8	7.9	32	Yes	850
18 / 11 AM	1.1	105	117	10.0	7.2	21	Yes	850
19 / 11 AM	1.1	105	116	11.1	7.3	20	Yes	850
20 / 11 AM	0.9	105	95	10.0	7.9	26	Yes	850
21 / 11 AM	----	----	----	----	----	----	----	----
22 / 11 AM	----	----	----	----	----	----	----	----
23 / 11 AM	1.0	105	103	9.4	8.0	28	Yes	850
24 / 11 AM	1.1	105	114	8.9	8.0	30	Yes	850
25 / 11 AM	----	----	----	----	----	----	----	----
26 / 11 AM	1.0	105	109	8.9	8.1	31	Yes	850
27 / 11 AM	1.1	105	118	10.0	7.9	27	Yes	850
28 / 11 AM	----	----	----	----	----	----	----	----
29 / 11 AM	----	----	----	----	----	----	----	----
30 / 11 AM	0.8	105	84	10.0	8.0	27	Yes	850
31 / 11 AM	1.0	105	109	10.0	8.1	29	Yes	850

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