

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: January 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]
1	-----	-----	0.03	0.03	-----	-----	0.03
2	-----	-----	0.03	0.03	0.03	-----	0.03
3	-----	-----	0.03	0.03	0.03	-----	0.03
4	-----	-----	-----	-----	-----	-----	-----
5	-----	-----	-----	-----	-----	-----	-----
6	-----	-----	-----	0.03	0.03	-----	0.03
7	-----	-----	0.03	0.03	0.03	-----	0.03
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	-----	0.03
11	-----	-----	-----	-----	-----	-----	-----
12	-----	-----	-----	-----	-----	-----	-----
13	-----	-----	0.03	0.03	0.03	-----	0.03
14	-----	-----	0.03	0.03	0.03	-----	0.03
15	-----	-----	0.03	0.03	0.03	-----	0.03
16	-----	-----	0.03	0.03	0.03	-----	0.03
17	-----	-----	0.03	0.03	0.03	-----	0.03
18	-----	-----	0.03	0.03	0.03	0.03	0.03
19	-----	-----	-----	-----	-----	-----	-----
20	-----	-----	-----	-----	-----	-----	-----
21	-----	-----	0.03	0.03	0.03	-----	0.03
22	-----	-----	0.03	0.03	0.03	-----	0.03
23	-----	-----	0.03	0.03	0.03	-----	0.03
24	-----	-----	0.03	0.03	-----	-----	0.03
25	-----	-----	-----	-----	-----	-----	-----
26	-----	-----	-----	-----	-----	-----	-----
27	-----	-----	0.03	0.03	0.03	-----	0.03
28	-----	-----	0.03	0.03	0.03	-----	0.03
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	-----	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: <u>RYAN A. SHERMAN</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: February 3, 2025
	PHONE #: (541) 572-2589	CERT #: <u>9189</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: January 2025 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	1.1	105	118	10.0	8.3	31	Yes	850
2 / 11 AM	1.2	105	128	9.4	8.3	33	Yes	850
3 / 11 AM	1.3	105	137	10.0	8.4	32	Yes	850
4 / 11 AM	----	----	----	----	----	----	----	----
5 / 11 AM	----	----	----	----	----	----	----	----
6 / 11 AM	1.1	105	110	9.4	8.2	31	Yes	850
7 / 11 AM	1.1	105	118	9.4	8.2	31	Yes	850
8 / 11 AM	1.2	105	123	9.4	7.7	26	Yes	850
9 / 11 AM	1.5	105	159	10.6	8.5	33	Yes	850
10 / 11 AM	1.4	105	149	10.0	8.0	28	Yes	850
11 / 11 AM	----	----	----	----	----	----	----	----
12 / 11 AM	----	----	----	----	----	----	----	----
13 / 11 AM	1.3	105	135	10.0	8.0	28	Yes	850
14 / 11 AM	1.2	105	128	8.3	8.2	34	Yes	850
15 / 11 AM	1.3	105	131	8.9	7.8	28	Yes	850
16 / 11 AM	1.3	105	135	8.9	8.0	31	Yes	850
17 / 11 AM	1.4	105	143	9.4	8.2	32	Yes	850
18 / 11 AM	1.4	105	147	8.3	8.4	38	Yes	850
19 / 11 AM	----	----	----	----	----	----	----	----
20 / 11 AM	----	----	----	----	----	----	----	----
21 / 11 AM	1.4	105	147	7.8	8.6	41	Yes	850
22 / 11 AM	1.5	105	155	7.8	8.7	43	Yes	850
23 / 11 AM	1.5	105	160	7.8	8.4	39	Yes	850
24 / 11 AM	1.5	105	156	8.3	8.4	38	Yes	850
25 / 11 AM	----	----	----	----	----	----	----	----
26 / 11 AM	----	----	----	----	----	----	----	----
27 / 11 AM	1.1	105	116	5.6	8.4	43	Yes	850
28 / 11 AM	1.2	105	121	5.6	8.5	45	Yes	850
29 / 11 AM	1.0	105	109	5.3	8.6	47	Yes	850
30 / 11 AM	1.1	105	113	5.3	8.5	46	Yes	850
31 / 11 AM	1.1	105	114	5.6	8.4	44	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