

**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: November 2025**

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	----	----	----	----	----	----	----
2	----	----	----	----	----	----	----
3	----	----	0.02	0.04	0.17	----	0.17
4	----	----	0.02	0.02	0.02	----	0.02
5	----	----	0.02	0.02	0.02	----	0.02
6	----	----	0.02	0.04	0.04	----	0.04
7	----	----	0.02	0.02	0.02	----	0.02
8	----	----	----	----	----	----	----
9	----	----	----	----	----	----	----
10	----	----	0.04	----	0.04	0.01	0.04
11	----	----	0.01	0.02	0.02	----	0.02
12	----	----	0.02	0.02	0.02	----	0.02
13	----	----	0.02	0.02	0.02	----	0.02
14	----	----	----	0.02	0.02	----	0.02
15	----	----	----	----	----	----	----
16	----	----	----	----	----	----	----
17	----	----	0.02	----	0.02	----	0.02
18	----	----	----	0.02	0.02	----	0.02
19	----	----	0.02	0.02	0.02	----	0.02
20	----	----	0.02	0.02	0.02	----	0.02
21	----	----	0.02	0.02	0.02	----	0.02
22	----	----	----	----	----	----	----
23	----	----	----	----	----	----	----
24	----	----	0.02	0.02	0.02	----	0.02
25	----	----	0.02	0.02	0.02	----	0.02
26	----	----	0.02	0.02	0.02	0.02	0.02
27	----	----	0.02	----	----	----	0.02
28	----	----	0.02	0.10	0.02	----	0.10
29	----	----	----	----	----	----	----
30	----	----	----	----	----	----	----
31	----	----	----	----	----	----	----

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
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 <sub>2</sub> 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 <sup>2</sup> triggers? <input checked="" type="radio"/> Yes <input type="radio"/> No <sup>2</sup>			
<b>Notes:</b>	PRINTED NAME: <i>Ryan A. Sherman</i>		
	SIGNATURE: <i>Ryan A. Sherman</i>		DATE: December 2, 2025
	PHONE #: (541) 572-2589		CERT #: 9184

<sup>1</sup> 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.

<sup>2</sup> 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: November 2025**

Required Log  
Inactivation: .5

Date / Time	Min. Cl <sub>2</sub> Residual At 1 <sup>st</sup> User (C) <sup>3</sup>	Contact Time ( T )	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/l]	[minutes]	<b>C x T</b>	[° C]	S.U.	Formula	Yes / No	[GPM]
1 / 11 AM	----	----	----	----	----	----	----	----
2 / 11 AM	----	----	----	----	----	----	----	----
3 / 11 AM	0.9	105	89	13.3	8.2	23	Yes	850
4 / 11 AM	0.9	105	97	13.9	8.0	21	Yes	850
5 / 11 AM	0.9	105	99	13.9	8.0	21	Yes	850
6 / 11 AM	0.6	105	63	13.7	8.3	23	Yes	850
7 / 11 AM	1.0	105	101	13.9	8.3	24	Yes	850
8 / 11 AM	----	----	----	----	----	----	----	----
9 / 11 AM	----	----	----	----	----	----	----	----
10 / 11 AM	0.7	105	69	13.3	8.3	24	Yes	850
11 / 11 AM	1.0	105	107	12.8	8.0	23	Yes	850
12 / 11 AM	1.1	105	117	13.3	8.1	23	Yes	850
13 / 11 AM	1.1	105	114	13.3	8.2	24	Yes	850
14 / 11 AM	1.2	105	122	13.3	8.2	24	Yes	850
15 / 11 AM	----	----	----	----	----	----	----	----
16 / 11 AM	----	----	----	----	----	----	----	----
17 / 11 AM	1.1	105	117	13.3	8.3	25	Yes	850
18 / 11 AM	1.2	105	121	12.8	8.3	26	Yes	850
19 / 11 AM	1.1	105	112	12.2	8.3	27	Yes	850
20 / 11 AM	1.0	105	103	12.2	8.5	28	Yes	850
21 / 11 AM	1.0	105	108	11.7	8.6	30	Yes	850
22 / 11 AM	----	----	----	----	----	----	----	----
23 / 11 AM	----	----	----	----	----	----	----	----
24 / 11 AM	1.0	105	104	10.6	8.3	30	Yes	850
25 / 11 AM	1.1	105	113	10.0	8.3	31	Yes	850
26 / 11 AM	1.2	105	123	11.1	8.3	28	Yes	850
27 / 11 AM	1.2	105	126	11.1	8.2	28	Yes	850
28 / 11 AM	1.1	105	119	10.6	8.3	30	Yes	850
29 / 11 AM	----	----	----	----	----	----	----	----
30 / 11 AM	----	----	----	----	----	----	----	----
31 / 11 AM	----	----	----	----	----	----	----	----

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.

Revised February 2012