

**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 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	---	---	0.02	0.02	0.02	---	0.02
2	----	----	0.02	0.02	0.02	----	0.02
3	----	----	0.02	0.02	0.02	----	0.02
4	----	----	0.02	0.02	----	----	0.02
5	----	----	0.02	0.02	0.02	----	0.02
6	----	----	----	----	----	----	----
7	----	----	----	----	----	----	----
8	----	----	0.02	0.03	0.03	----	0.03
9	----	----	----	0.02	0.02	----	0.02
10	----	----	0.02	0.02	0.02	----	0.02
11	----	----	0.02	0.02	0.02	----	0.02
12	----	----	0.02	0.02	----	----	0.02
13	----	----	----	----	----	----	----
14	----	----	----	----	----	----	----
15	----	----	----	0.06	0.02	0.02	0.06
16	----	----	0.02	0.02	0.02	0.02	0.02
17	----	----	0.02	0.02	0.02	----	0.02
18	----	----	0.02	0.03	----	----	0.03
19	----	----	0.02	0.03	0.03	----	0.03
20	----	----	0.02	0.03	0.03	----	0.03
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
24	----	----	0.03	0.03	0.03	----	0.03
25	----	----	----	----	----	----	----
26	----	----	----	----	----	----	----
27	----	----	0.03	0.06	0.04	----	0.06
28	----	----	0.03	0.03	0.03	----	0.03
29	----	----	0.03	0.02	0.03	0.03	0.03
30	----	----	0.03	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	All the 4 hour turbidity readings ≤ 1 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 turbidity readings < IFE ² triggers? <input checked="" type="radio"/> Yes <input type="radio"/> No ²		Notes:	
Notes:		PRINTED NAME: <i>Ryan A. Sherman</i>	DATE: January 5, 2026
Notes:		SIGNATURE: <i>Ryan A. Sherman</i>	CERT #: 9184
Notes:		PHONE #: (541) 572-2589	

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 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	0.9	105	99	10.0	8.2	30	Yes	850
2 / 11 AM	1.2	105	126	10.0	8.2	30	Yes	850
3 / 11 AM	1.3	105	133	10.6	8.2	30	Yes	850
4 / 11 AM	1.3	105	141	10.0	8.4	33	Yes	850
5 / 11 AM	1.3	105	135	10.0	8.3	32	Yes	850
6 / 11 AM	----	----	----	----	----	----	----	----
7 / 11 AM	----	----	----	----	----	----	----	----
8 / 11 AM	1.1	105	117	9.4	8.1	30	Yes	850
9 / 11 AM	1.1	105	114	9.4	8.4	33	Yes	850
10 / 11 AM	1.1	105	118	10.6	8.3	29	Yes	850
11 / 11 AM	1.1	105	111	11.7	8.4	28	Yes	850
12 / 11 AM	1.1	105	117	11.1	8.4	30	Yes	850
13 / 11 AM	----	----	----	----	----	----	----	----
14 / 11 AM	----	----	----	----	----	----	----	----
15 / 11 AM	1.0	105	100	10.6	8.4	30	Yes	850
16 / 11 AM	1.0	105	106	10.0	8.4	32	Yes	850
17 / 11 AM	0.7	105	74	10.0	8.5	32	Yes	850
18 / 11 AM	1.1	105	112	10.0	8.4	32	Yes	850
19 / 11 AM	1.1	105	116	10.0	8.4	32	Yes	850
20 / 11 AM	1.1	105	120	9.4	8.3	33	Yes	850
21 / 11 AM	1.2	105	124	9.4	8.5	34	Yes	850
22 / 11 AM	1.2	105	130	9.4	8.3	33	Yes	850
23 / 11 AM	1.2	105	124	10.0	7.8	26	Yes	850
24 / 11 AM	1.2	105	129	9.4	7.9	28	Yes	850
25 / 11 AM	----	----	----	----	----	----	----	----
26 / 11 AM	----	----	----	----	----	----	----	----
27 / 11 AM	1.0	105	102	9.4	7.9	28	Yes	850
28 / 11 AM	1.0	105	108	8.9	8.0	30	Yes	850
29 / 11 AM	1.3	105	140	9.4	7.8	28	Yes	850
30 / 11 AM	1.2	105	127	8.9	8.0	30	Yes	850
31 / 11 AM	1.3	105	138	8.9	7.9	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