

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 2026

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	----	----	----	0.04	0.03	----	0.04
2	----	----	----	----	----	----	----
3	----	----	0.03	0.11	0.03	----	0.11
4	----	----	0.03	0.04	0.04	----	0.04
5	----	----	0.03	0.04	0.03	----	0.04
6	----	----	0.03	0.03	0.03	0.03	0.03
7	----	----	0.03	0.04	----	----	0.04
8	----	----	----	0.03	0.03	----	0.03
9	----	----	0.04	0.03	----	----	0.04
10	----	----	----	----	----	----	----
11	----	----	----	----	----	----	----
12	----	----	0.04	0.16	0.03	----	0.16
13	----	----	0.04	0.04	0.04	----	0.04
14	----	----	0.04	0.04	0.04	----	0.04
15	----	----	----	0.04	0.04	0.04	0.04
16	----	----	0.04	0.04	0.03	----	0.04
17	----	----	----	----	----	----	----
18	----	----	----	----	----	----	----
19	----	----	0.04	0.04	0.04	----	0.04
20	----	----	0.04	0.04	0.04	0.04	0.04
21	----	----	0.04	0.04	0.04	0.04	0.04
22	----	----	----	0.04	0.04	0.04	0.04
23	----	----	0.04	0.04	0.04	----	0.04
24	----	----	----	----	----	----	----
25	----	----	----	----	----	----	----
26	----	----	0.05	0.04	0.04	----	0.05
27	----	----	----	0.05	0.01	----	0.05
28	----	----	0.01	0.01	0.01	0.01	0.01
29	----	----	0.01	0.01	0.01	0.01	0.01
30	----	----	0.01	0.01	0.01	----	0.01
31	----	----	----	----	----	----	----

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of the 4 hour turbidity readings ≤ 0.3 NTU? Yes / No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l? Yes / No
All the 4 hour turbidity readings ≤ 1 NTU? Yes / No	Yes / No	
All turbidity readings < IFE ² triggers? Yes / No²		
Notes:	PRINTED NAME: <i>Ryan A. Sherman</i>	
	SIGNATURE: <i>Ryan A. Sherman</i>	DATE: February 2, 2026
	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: January 2026 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	1.0	105	109	9.4	8.0	29	Yes	850
2/ 11 AM	----	----	----	----	----	----	----	----
3/ 11 AM	1.3	105	140	8.9	8.1	32	Yes	850
4/ 11 AM	1.2	105	124	8.9	8.0	31	Yes	850
5/ 11 AM	1.2	105	129	8.9	7.9	30	Yes	850
6/ 11 AM	1.2	105	121	8.9	8.0	30	Yes	850
7/ 11 AM	1.2	105	123	8.9	8.1	31	Yes	850
8/ 11 AM	0.9	105	95	8.9	7.8	27	Yes	850
9/ 11 AM	1.0	105	101	8.9	8.0	29	Yes	850
10/ 11 AM	----	----	----	----	----	----	----	----
11/ 11 AM	----	----	----	----	----	----	----	----
12/ 11 AM	1.0	105	102	8.9	8.2	32	Yes	850
13/ 11 AM	1.0	105	108	8.3	8.3	35	Yes	850
14/ 11 AM	1.3	105	131	8.3	8.2	35	Yes	850
15/ 11 AM	1.2	105	129	9.4	8.0	29	Yes	850
16/ 11 AM	1.1	105	114	8.9	7.8	28	Yes	850
17/ 11 AM	----	----	----	----	----	----	----	----
18/ 11 AM	----	----	----	----	----	----	----	----
19/ 11 AM	1.1	105	116	8.9	7.9	29	Yes	850
20/ 11 AM	1.1	105	112	8.9	7.9	29	Yes	850
21/ 11 AM	1.2	105	130	8.3	8.0	32	Yes	850
22/ 11 AM	1.4	105	143	7.2	8.2	37	Yes	850
23/ 11 AM	1.4	105	148	7.2	8.3	39	Yes	850
24/ 11 AM	----	----	----	----	----	----	----	----
25/ 11 AM	----	----	----	----	----	----	----	----
26/ 11 AM	1.3	105	137	7.2	8.4	39	Yes	850
27/ 11 AM	1.3	105	131	7.2	8.1	36	Yes	850
28/ 11 AM	1.3	105	138	7.2	8.2	36	Yes	850
29/ 11 AM	1.3	105	131	7.2	8.2	37	Yes	850
30/ 11 AM	1.3	105	132	7.2	8.2	37	Yes	850
31/ 11 AM	----	----	----	----	----	----	----	----

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