

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: March 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	----	----	----	----	----	----	----
2	----	----	----	0.01	0.01	----	0.01
3	----	----	0.01	0.01	0.01	----	0.01
4	----	----	0.01	0.01	0.02	----	0.02
5	----	----	0.02	0.01	0.02	----	0.02
6	----	----	0.02	0.02	0.02	----	0.02
7	----	----	----	----	----	----	----
8	----	----	----	----	----	----	----
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	0.02
12	----	----	0.02	0.02	0.02	----	0.02
13	----	----	0.02	0.02	0.02	----	0.02
14	----	----	----	----	----	----	----
15	----	----	----	----	----	----	----
16	----	----	----	0.02	0.09	----	0.09
17	----	----	----	0.02	0.02	0.02	0.02
18	----	----	0.02	0.02	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	----	----	----	----	----	----	----
22	----	----	----	----	----	----	----
23	----	----	0.03	0.02	0.02	0.02	0.03
24	----	----	0.02	0.03	0.03	----	0.03
25	----	----	0.03	0.03	0.03	0.03	0.03
26	----	----	0.03	0.03	0.03	----	0.03
27	----	----	0.03	0.02	0.04	----	0.04
28	----	----	----	----	----	----	----
29	----	----	----	----	----	----	----
30	----	----	----	0.04	0.04	0.04	0.04
31	----	----	0.02	0.02	0.02	----	0.02

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. S.</i>	DATE: April 1, 2026
	PHONE #: (541) 572-2589	CERT #: 9184

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: March 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	----	----	----	----	----	----	----	----
2/ 11 AM	0.9	105	91	10.6	8.3	29	Yes	850
3/ 11 AM	0.9	105	99	10.6	8.0	26	Yes	850
4/ 11 AM	1.1	105	119	11.1	7.9	25	Yes	850
5/ 11 AM	1.2	105	125	11.1	8.0	26	Yes	850
6/ 11 AM	1.3	105	132	11.1	8.1	27	Yes	850
7/ 11 AM	----	----	----	----	----	----	----	----
8/ 11 AM	----	----	----	----	----	----	----	----
9/ 11 AM	1.1	105	119	10.6	7.9	26	Yes	850
10/ 11 AM	1.3	105	139	10.6	7.8	25	Yes	850
11/ 11 AM	1.3	105	137	10.6	7.7	25	Yes	850
12/ 11 AM	1.3	105	140	10.6	7.9	26	Yes	850
13/ 11 AM	1.3	105	138	10.6	8.3	31	Yes	850
14/ 11 AM	----	----	----	----	----	----	----	----
15/ 11 AM	----	----	----	----	----	----	----	----
16/ 11 AM	0.9	105	96	10.6	8.3	29	Yes	850
17/ 11 AM	1.1	105	113	11.1	8.3	29	Yes	850
18/ 11 AM	1.2	105	123	11.1	8.3	29	Yes	850
19/ 11 AM	1.3	105	134	11.7	8.4	29	Yes	850
20/ 11 AM	1.3	105	135	12.2	8.3	27	Yes	850
21/ 11 AM	----	----	----	----	----	----	----	----
22/ 11 AM	----	----	----	----	----	----	----	----
23/ 11 AM	1.1	105	120	12.2	8.3	27	Yes	850
24/ 11 AM	1.1	105	114	11.7	8.3	28	Yes	850
25/ 11 AM	1.1	105	119	12.2	8.3	27	Yes	850
26/ 11 AM	1.2	105	129	12.2	8.5	29	Yes	850
27/ 11 AM	1.2	105	130	12.2	8.5	29	Yes	850
28/ 11 AM	----	----	----	----	----	----	----	----
29/ 11 AM	----	----	----	----	----	----	----	----
30/ 11 AM	0.7	105	70	11.1	8.2	27	Yes	850
31/ 11 AM	0.7	105	77	11.7	8.3	27	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