

**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: June 2021**

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	----	----	0.03	0.03	0.02	----	0.03
2	----	----	0.02	0.02	0.02	----	0.02
3	----	----	0.03	0.03	0.03	----	0.03
4	----	----	0.03	0.03	0.03	----	0.03
5	----	----	----	----	----	----	----
6	----	----	----	----	----	----	----
7	----	----	0.03	0.03	0.03	----	0.03
8	----	----	0.03	0.03	----	----	0.03
9	----	----	0.03	0.03	0.03	----	0.03
10	----	----	0.03	0.02	0.02	----	0.03
11	----	----	0.03	0.02	----	----	0.03
12	----	----	----	----	----	----	----
13	----	----	----	----	----	----	----
14	----	----	0.03	0.03	0.03	----	0.03
15	----	----	0.03	0.02	----	----	0.03
16	----	----	----	----	----	----	----
17	----	----	0.03	0.03	----	----	0.03
18	----	----	0.03	0.02	0.02	----	0.03
19	----	----	----	----	----	----	----
20	----	----	----	----	----	----	----
21	----	----	0.03	0.02	0.02	----	0.03
22	----	----	0.03	0.03	0.03	----	0.03
23	----	----	0.03	0.02	0.02	----	0.03
24	----	----	0.02	0.02	----	----	0.02
25	----	----	0.03	0.02	----	----	0.03
26	----	----	----	----	----	----	----
27	----	----	----	----	----	----	----
28	----	----	0.05	0.03	0.03	----	0.05
29	----	----	0.03	0.03	0.03	----	0.03
30	----	----	0.03	0.03	0.03	----	0.03
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 / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No	
All the 4 hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No			
All turbidity readings < IFE <sup>2</sup> triggers? <input checked="" type="radio"/> Yes / No <sup>2</sup>			
Notes:	PRINTED NAME: <i>RYAN A. Sherman</i>		
	SIGNATURE: <i>Ryan A. S.</i>	DATE: July 1, 2021	
	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: June 2021** Required Log Inactivation: 1

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]	C x T	[° C]	S.U.	Formula	Yes / No	[GPM]
1/ 11 AM	0.8	105	85	20.6	8.1	28	Yes	1200
2/ 11 AM	1.0	105	100	19.4	8.2	31	Yes	1200
3/ 11 AM	0.9	105	91	18.3	8.1	33	Yes	1200
4/ 11 AM	1.0	105	104	18.9	8.1	32	Yes	1200
5/ 11 AM	----	----	----	----	----	----	----	----
6/ 11 AM	----	----	----	----	----	----	----	----
7/ 11 AM	0.8	105	87	18.3	8.2	33	Yes	1200
8/ 11 AM	1.0	105	104	18.3	8.2	34	Yes	1200
9/ 11 AM	1.0	105	103	18.3	8.3	35	Yes	1200
10/ 11 AM	1.0	105	108	18.3	8.2	34	Yes	1200
11/ 11 AM	1.0	105	100	17.8	8.4	38	Yes	1200
12/ 11 AM	----	----	----	----	----	----	----	----
13/ 11 AM	----	----	----	----	----	----	----	----
14/ 11 AM	0.9	105	95	20.6	8.1	28	Yes	1200
15/ 11 AM	0.9	105	90	19.4	8.0	29	Yes	1200
16/ 11 AM	0.9	105	92	19.4	8.1	30	Yes	----
17/ 11 AM	0.9	105	95	19.4	8.2	31	Yes	1200
18/ 11 AM	1.0	105	100	20.0	8.2	30	Yes	1200
19/ 11 AM	----	----	----	----	----	----	----	----
20/ 11 AM	----	----	----	----	----	----	----	----
21/ 11 AM	0.8	105	83	20.0	8.5	33	Yes	1200
22/ 11 AM	0.9	105	90	20.0	8.5	33	Yes	1200
23/ 11 AM	0.8	105	86	21.1	8.2	28	Yes	1200
24/ 11 AM	0.9	105	90	22.2	8.4	28	Yes	1200
25/ 11 AM	0.9	105	93	22.8	8.2	25	Yes	1200
26/ 11 AM	----	----	----	----	----	----	----	----
27/ 11 AM	----	----	----	----	----	----	----	----
28/ 11 AM	0.9	105	96	22.2	8.2	25	Yes	1200
29/ 11 AM	1.0	105	104	22.2	7.8	23	Yes	1200
30/ 11 AM	1.1	105	112	20.6	8.1	29	Yes	1200
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