

## 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: October 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	----	----	0.02	0.02	0.02	----	0.02
2	----	----	----	----	----	----	----
3	----	----	----	----	----	----	----
4	----	----	0.03	0.02	0.02	----	0.03
5	----	----	0.02	0.02	0.02	----	0.02
6	----	----	0.04	0.02	0.02	0.03	0.04
7	----	----	0.04	0.04	----	0.02	0.04
8	----	----	0.02	0.02	0.02	----	0.02
9	----	----	----	----	----	----	----
10	----	----	----	----	----	----	----
11	----	----	0.02	0.02	0.02	----	0.02
12	----	----	0.03	0.02	0.02	----	0.03
13	----	----	0.03	0.03	0.04	----	0.04
14	----	----	----	0.02	0.02	----	0.02
15	----	----	0.02	0.02	0.02	----	0.02
16	----	----	----	----	----	----	----
17	----	----	----	----	----	----	----
18	----	----	0.03	0.03	0.03	----	0.03
19	----	----	0.03	0.03	0.04	----	0.04
20	----	----	----	0.03	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	----	----	----	----	----	----	----
24	----	----	----	----	----	----	----
25	----	----	0.04	0.04	0.03	----	0.04
26	----	----	0.04	0.04	0.04	----	0.04
27	----	----	----	0.04	0.05	----	0.05
28	----	----	----	0.04	0.04	0.04	0.04
29	----	----	----	0.06	0.05	0.04	0.06
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>		
Notes:	PRINTED NAME: <i>Ryan A. Sherman</i>	
	SIGNATURE: <i>Ryan A. S.</i>	DATE: November 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: October 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	1.0	105	106	17.2	8.0	34	Yes	1200
2 / 11 AM	----	----	----	----	----	----	----	----
3 / 11 AM	----	----	----	----	----	----	----	----
4 / 11 AM	0.9	105	91	17.2	8.1	35	Yes	1200
5 / 11 AM	0.9	105	91	16.7	8.0	34	Yes	1200
6 / 11 AM	0.9	105	98	16.1	8.1	38	Yes	1200
7 / 11 AM	1.1	105	114	15.6	8.2	41	Yes	1200
8 / 11 AM	1.1	105	119	15.6	8.3	44	Yes	1200
9 / 11 AM	----	----	----	----	----	----	----	----
10 / 11 AM	----	----	----	----	----	----	----	----
11 / 11 AM	0.8	105	84	15.0	8.2	42	Yes	1200
12 / 11 AM	1.1	105	112	15.0	8.2	42	Yes	1200
13 / 11 AM	1.1	105	117	14.4	8.1	44	Yes	1200
14 / 11 AM	1.2	105	122	14.4	8.1	43	Yes	1200
15 / 11 AM	1.1	105	114	14.4	8.1	42	Yes	1200
16 / 11 AM	----	----	----	----	----	----	----	----
17 / 11 AM	----	----	----	----	----	----	----	----
18 / 11 AM	1.2	105	126	14.4	8.1	43	Yes	1200
19 / 11 AM	1.3	105	133	13.9	8.1	45	Yes	1200
20 / 11 AM	1.2	105	123	13.3	8.0	45	Yes	1200
21 / 11 AM	1.2	105	123	15.0	8.1	41	Yes	1200
22 / 11 AM	1.2	105	127	15.0	8.0	41	Yes	1200
23 / 11 AM	----	----	----	----	----	----	----	----
24 / 11 AM	----	----	----	----	----	----	----	----
25 / 11 AM	0.8	105	81	12.2	8.0	46	Yes	1200
26 / 11 AM	1.0	105	104	14.4	8.0	41	Yes	1200
27 / 11 AM	0.9	105	95	15.0	7.9	37	Yes	1200
28 / 11 AM	0.9	105	91	15.6	8.0	37	Yes	1200
29 / 11 AM	0.9	105	97	15.0	7.9	38	Yes	1200
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