

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 2021

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	0.04	----	----	0.04
2	----	----	0.02	0.02	----	----	0.02
3	----	----	----	0.05	0.02	----	0.05
4	----	----	----	----	----	----	----
5	----	----	----	----	----	----	----
6	----	----	0.02	0.02	0.04	----	0.04
7	----	----	----	0.02	0.02	----	0.02
8	----	----	----	----	----	----	----
9	----	----	0.02	0.02	0.02	----	0.02
10	----	----	0.02	0.02	----	----	0.02
11	----	----	----	----	----	----	----
12	----	----	----	----	----	----	----
13	----	----	0.04	0.02	0.02	----	0.04
14	----	----	0.02	0.02	0.02	----	0.02
15	----	----	0.02	0.03	0.02	----	0.03
16	----	----	----	----	----	----	----
17	----	----	0.02	0.02	0.02	0.02	0.02
18	----	----	0.02	0.02	----	----	0.02
19	----	----	----	----	----	----	----
20	----	----	0.02	0.02	0.03	----	0.03
21	----	----	0.05	0.03	0.02	----	0.05
22	----	----	0.03	----	0.02	0.02	0.03
23	----	----	0.04	0.02	0.02	----	0.04
24	----	----	0.02	0.03	----	----	0.03
25	----	----	----	----	----	----	----
26	----	----	----	----	----	----	----
27	----	----	0.02	0.02	0.02	----	0.02
28	----	----	0.02	0.09	0.02	0.02	0.09
29	----	----	0.03	0.03	0.05	0.05	0.05
30	----	----	0.04	0.02	0.02	0.02	0.04
31	----	----	0.05	0.02	----	----	0.05

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: RYAN A. SHERMAN	
	SIGNATURE: <i>Ryan A Sherman</i>	DATE: January 3, 2022
	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: December 2021 Required Log Inactivation: 1

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	1.1	105	120	10.6	7.9	51	Yes	850
2 / 11 AM	1.2	105	124	10.0	7.9	54	Yes	850
3 / 11 AM	1.2	105	126	9.4	8.0	58	Yes	850
4 / 11 AM	----	----	----	----	----	----	----	----
5 / 11 AM	----	----	----	----	----	----	----	----
6 / 11 AM	1.0	105	106	10.0	8.0	54	Yes	850
7 / 11 AM	1.1	105	110	9.4	8.0	57	Yes	850
8 / 11 AM	----	----	----	----	----	----	----	----
9 / 11 AM	0.8	105	86	10.6	7.7	47	Yes	850
10 / 11 AM	0.9	105	97	10.0	7.8	50	Yes	850
11 / 11 AM	----	----	----	----	----	----	----	----
12 / 11 AM	----	----	----	----	----	----	----	----
13 / 11 AM	0.8	105	83	10.6	7.8	48	Yes	850
14 / 11 AM	0.9	105	92	10.6	7.9	50	Yes	850
15 / 11 AM	0.9	105	97	10.0	7.9	53	Yes	850
16 / 11 AM	----	----	----	----	----	----	----	----
17 / 11 AM	0.8	105	85	10.0	8.0	53	Yes	850
18 / 11 AM	1.0	105	104	10.0	8.0	55	Yes	850
19 / 11 AM	----	----	----	----	----	----	----	----
20 / 11 AM	1.0	105	106	10.0	7.9	53	Yes	850
21 / 11 AM	1.0	105	108	9.4	7.8	53	Yes	850
22 / 11 AM	1.1	105	116	10.0	7.8	52	Yes	850
23 / 11 AM	1.2	105	121	10.6	8.0	54	Yes	850
24 / 11 AM	1.2	105	124	10.6	8.1	55	Yes	850
25 / 11 AM	----	----	----	----	----	----	----	----
26 / 11 AM	----	----	----	----	----	----	----	----
27 / 11 AM	1.0	105	107	9.4	8.0	57	Yes	850
28 / 11 AM	1.2	105	123	8.3	8.0	63	Yes	850
29 / 11 AM	1.1	105	110	7.8	8.0	64	Yes	850
30 / 11 AM	1.3	105	133	7.2	8.0	69	Yes	850
31 / 11 AM	1.4	105	143	7.2	8.1	71	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