

**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: April 2022

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	0.05	0.02	----	0.05
2	----	----	----	----	----	----	----
3	----	----	----	----	----	----	----
4	----	----	0.02	0.02	0.03	----	0.03
5	----	----	0.02	0.03	0.02	----	0.03
6	----	----	0.02	0.02	----	----	0.02
7	----	----	----	0.02	0.03	----	0.03
8	----	----	0.03	0.02	0.02	0.02	0.03
9	----	----	----	----	----	----	----
10	----	----	----	----	----	----	----
11	----	----	0.02	0.02	----	----	0.02
12	----	----	0.08	0.03	0.02	0.02	0.08
13	----	----	0.02	0.03	0.03	0.03	0.03
14	----	----	----	0.02	0.02	0.02	0.02
15	----	----	0.02	0.02	----	----	0.02
16	----	----	----	----	----	----	----
17	----	----	----	----	----	----	----
18	----	----	----	0.02	0.02	0.02	0.02
19	----	----	0.02	0.02	0.02	0.02	0.02
20	----	----	----	0.03	0.02	----	0.03
21	----	----	0.02	0.02	0.02	----	0.02
22	----	----	0.03	0.04	0.02	----	0.04
23	----	----	----	----	----	----	----
24	----	----	----	----	----	----	----
25	----	----	0.04	0.02	0.03	----	0.04
26	----	----	----	0.02	0.02	----	0.02
27	----	----	0.02	0.02	0.02	----	0.02
28	----	----	----	0.02	----	----	0.02
29	----	----	0.02	0.02	0.02	----	0.02
30	----	----	----	----	----	----	----
31	----	----	----	----	----	----	----

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: May 2, 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: April 2022								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	116	13.9	7.8	40	Yes	850
2 / 11 AM	----	----	----	----	----	----	----	----
3 / 11 AM	----	----	----	----	----	----	----	----
4 / 11 AM	0.9	105	99	13.9	7.9	40	Yes	850
5 / 11 AM	1.0	105	102	13.9	7.9	41	Yes	850
6 / 11 AM	1.1	105	110	14.4	7.9	40	Yes	850
7 / 11 AM	1.1	105	110	14.4	7.7	37	Yes	850
8 / 11 AM	1.2	105	129	14.4	7.8	40	Yes	850
9 / 11 AM	----	----	----	----	----	----	----	----
10 / 11 AM	----	----	----	----	----	----	----	----
11 / 11 AM	1.0	105	101	10.0	7.9	53	Yes	850
12 / 11 AM	1.1	105	117	8.9	8.0	59	Yes	850
13 / 11 AM	1.2	105	129	9.4	8.0	59	Yes	850
14 / 11 AM	1.1	105	119	10.0	8.0	56	Yes	850
15 / 11 AM	1.2	105	123	10.6	8.1	55	Yes	850
16 / 11 AM	----	----	----	----	----	----	----	----
17 / 11 AM	----	----	----	----	----	----	----	----
18 / 11 AM	1.1	105	114	12.8	8.0	46	Yes	850
19 / 11 AM	1.2	105	123	12.8	8.0	47	Yes	850
20 / 11 AM	1.2	105	125	12.8	8.1	48	Yes	850
21 / 11 AM	1.1	105	119	12.8	8.1	49	Yes	850
22 / 11 AM	1.2	105	123	13.3	8.2	48	Yes	850
23 / 11 AM	----	----	----	----	----	----	----	----
24 / 11 AM	----	----	----	----	----	----	----	----
25 / 11 AM	1.2	105	121	13.3	8.1	46	Yes	850
26 / 11 AM	1.2	105	127	13.3	8.0	46	Yes	850
27 / 11 AM	1.1	105	118	13.9	8.0	43	Yes	850
28 / 11 AM	1.0	105	108	14.4	7.9	39	Yes	850
29 / 11 AM	1.1	105	114	14.4	7.9	40	Yes	850
30 / 11 AM	----	----	----	----	----	----	----	----
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.