

**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: August 2022**

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	----	----	0.04	0.03	0.03	----	0.04
2	----	----	0.03	0.03	0.03	----	0.03
3	----	----	----	0.03	0.03	----	0.03
4	----	----	0.03	0.03	0.03	----	0.03
5	----	----	0.03	0.03	----	----	0.03
6	----	----	----	----	----	----	----
7	----	----	----	----	----	----	----
8	----	----	0.05	0.04	0.03	----	0.05
9	----	----	0.04	0.03	0.03	----	0.04
10	----	----	0.03	0.03	0.04	----	0.04
11	----	----	0.04	0.03	0.04	----	0.04
12	----	----	0.03	0.04	0.04	----	0.04
13	----	----	----	----	----	----	----
14	----	----	----	----	----	----	----
15	----	----	0.05	0.04	0.04	----	0.05
16	----	----	0.04	0.04	----	----	0.04
17	----	----	0.05	0.04	0.04	----	0.05
18	----	----	0.04	0.04	----	----	0.04
19	----	----	0.05	----	----	----	0.05
20	----	----	----	----	----	----	----
21	----	----	----	----	----	----	----
22	----	----	----	0.48	----	----	0.48
23	----	----	0.05	0.05	0.05	----	0.05
24	----	----	0.05	0.05	0.05	----	0.05
25	----	----	0.05	0.05	0.05	----	0.05
26	----	----	0.05	0.05	----	----	0.05
27	----	----	----	----	----	----	----
28	----	----	----	----	----	----	----
29	----	----	----	0.06	0.06	----	0.06
30	----	----	----	0.06	0.05	----	0.06
31	----	----	0.05	0.05	0.05	----	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 <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: <u>RYAN A. SHERMAN</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: September 1, 2022
	PHONE #: (541) 572-2589	CERT #: <u>9184</u>

<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: August 2022** 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	23.9	8.1	22	Yes	1200
2/ 11 AM	0.9	105	93	23.3	8.0	23	Yes	1200
3/ 11 AM	1.0	105	101	23.9	8.1	22	Yes	1200
4/ 11 AM	1.1	105	113	22.8	8.0	23	Yes	1200
5/ 11 AM	1.2	105	127	21.7	8.1	26	Yes	1200
6/ 11 AM	----	----	----	----	----	----	----	----
7/ 11 AM	----	----	----	----	----	----	----	----
8/ 11 AM	1.1	105	110	21.1	7.9	26	Yes	1200
9/ 11 AM	1.1	105	112	21.1	7.9	25	Yes	1200
10/ 11 AM	1.1	105	114	21.1	7.9	26	Yes	1200
11/ 11 AM	1.2	105	127	21.1	8.0	27	Yes	1200
12/ 11 AM	1.3	105	134	20.6	8.0	28	Yes	1200
13/ 11 AM	----	----	----	----	----	----	----	----
14/ 11 AM	----	----	----	----	----	----	----	----
15/ 11 AM	1.2	105	126	21.1	8.0	26	Yes	1200
16/ 11 AM	1.1	105	120	21.7	7.8	24	Yes	1200
17/ 11 AM	1.2	105	122	21.1	7.9	25	Yes	1200
18/ 11 AM	1.2	105	123	21.1	7.9	26	Yes	1200
19/ 11 AM	1.4	105	143	22.2	8.0	25	Yes	1200
20/ 11 AM	----	----	----	----	----	----	----	----
21/ 11 AM	----	----	----	----	----	----	----	----
22/ 11 AM	1.0	105	105	22.8	8.0	24	Yes	1200
23/ 11 AM	1.1	105	114	22.2	8.1	26	Yes	1200
24/ 11 AM	1.2	105	122	22.2	8.1	25	Yes	1200
25/ 11 AM	0.9	105	91	22.2	8.3	27	Yes	1200
26/ 11 AM	0.9	105	98	22.2	8.1	25	Yes	1200
27/ 11 AM	----	----	----	----	----	----	----	----
28/ 11 AM	----	----	----	----	----	----	----	----
29/ 11 AM	1.0	105	100	21.7	7.9	24	Yes	1200
30/ 11 AM	1.1	105	110	21.1	7.9	26	Yes	1200
31/ 11 AM	1.1	105	114	21.1	8.0	27	Yes	1200

<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