

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: 2023

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	---	---	0.05	0.05	---	---	0.05
2	----	----	0.03	0.03	0.03	----	0.03
3	----	----	0.03	0.03	----	----	0.03
4	----	----	----	----	----	----	----
5	----	----	----	----	----	----	----
6	----	----	0.03	0.03	0.03	----	0.03
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	0.03	0.03	----	0.03
11	----	----	----	----	----	----	----
12	----	----	----	----	----	----	----
13	----	----	----	0.03	0.03	----	0.03
14	----	----	0.03	0.03	0.03	----	0.03
15	----	----	0.03	0.03	0.03	----	0.03
16	----	----	0.03	0.04	0.03	----	0.04
17	----	----	0.03	0.03	----	----	0.03
18	----	----	----	----	----	----	----
19	----	----	----	----	----	----	----
20	----	----	0.03	0.03	----	----	0.03
21	----	----	----	0.03	0.03	----	0.03
22	----	----	0.03	0.03	0.03	0.03	0.03
23	----	----	0.03	0.03	0.03	----	0.03
24	----	----	0.03	0.04	0.04	----	0.04
25	----	----	----	----	----	----	----
26	----	----	----	----	----	----	----
27	----	----	0.03	0.03	0.03	----	0.03
28	----	----	0.03	0.03	0.03	----	0.03
29	----	----	----	----	----	----	----
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: <u>RYAN A. SHERMAN</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: March 1, 2023
	PHONE #: (541) 572-2589	CERT #: <u>9184</u>

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: 2023

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	1.3	105	138	7.2	8.1	72	Yes	850
2 / 11 AM	1.3	105	141	7.2	8.2	74	Yes	850
3 / 11 AM	1.4	105	146	7.2	8.2	75	Yes	850
4 / 11 AM	----	----	----	----	----	----	----	----
5 / 11 AM	----	----	----	----	----	----	----	----
6 / 11 AM	1.1	105	110	7.8	8.3	72	Yes	850
7 / 11 AM	1.0	105	108	8.3	8.2	65	Yes	850
8 / 11 AM	1.2	105	123	8.3	8.0	63	Yes	850
9 / 11 AM	1.2	105	128	8.3	7.8	60	Yes	850
10 / 11 AM	1.3	105	138	8.3	7.9	61	Yes	850
11 / 11 AM	----	----	----	----	----	----	----	----
12 / 11 AM	----	----	----	----	----	----	----	----
13 / 11 AM	1.1	105	111	9.2	7.9	56	Yes	850
14 / 11 AM	1.2	105	121	9.9	8.0	56	Yes	850
15 / 11 AM	1.2	105	128	9.4	8.0	59	Yes	850
16 / 11 AM	1.2	105	126	9.4	8.1	60	Yes	850
17 / 11 AM	1.2	105	130	9.4	8.1	61	Yes	850
18 / 11 AM	----	----	----	----	----	----	----	----
19 / 11 AM	----	----	----	----	----	----	----	----
20 / 11 AM	1.0	105	108	9.4	8.1	59	Yes	850
21 / 11 AM	1.1	105	119	8.9	7.9	58	Yes	850
22 / 11 AM	1.2	105	127	8.3	7.9	61	Yes	850
23 / 11 AM	1.2	105	130	8.3	8.0	63	Yes	850
24 / 11 AM	1.3	105	133	7.2	8.0	69	Yes	850
25 / 11 AM	----	----	----	----	----	----	----	----
26 / 11 AM	----	----	----	----	----	----	----	----
27 / 11 AM	1.3	105	134	7.2	8.1	72	Yes	850
28 / 11 AM	1.4	105	144	7.2	8.2	75	Yes	850
29 / 11 AM	----	----	----	----	----	----	----	----
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.

Revised February 2012