

**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 <sup>1</sup> [NTU]
1	----	----	0.03	0.03	0.03	----	0.03
2	----	----	0.03	0.03	----	----	0.03
3	----	----	----	----	----	----	----
4	----	----	----	----	----	----	----
5	----	----	----	0.04	0.03	----	0.04
6	----	----	0.02	0.02	0.03	----	0.03
7	----	----	0.03	0.02	0.02	----	0.03
8	----	----	0.03	0.02	0.02	----	0.03
9	----	----	0.03	0.03	----	----	0.03
10	----	----	----	----	----	----	----
11	----	----	----	----	----	----	----
12	----	----	0.03	0.03	0.03	----	0.03
13	----	----	0.03	0.03	0.03	----	0.03
14	----	----	0.03	0.03	0.03	----	0.03
15	----	----	0.03	0.03	----	----	0.03
16	----	----	0.03	----	----	----	0.03
17	----	----	----	----	----	----	----
18	----	----	----	----	----	----	----
19	----	----	----	0.03	0.03	----	0.03
20	----	----	0.03	0.03	0.03	----	0.03
21	----	----	----	----	----	----	----
22	----	----	0.03	0.03	0.03	----	0.03
23	----	----	0.03	0.03	0.03	0.03	0.03
24	----	----	----	----	----	----	----
25	----	----	----	----	----	----	----
26	----	----	0.03	----	0.04	----	0.04
27	----	----	0.03	0.04	0.04	----	0.04
28	----	----	----	----	----	----	----
29	----	----	0.04	0.04	0.04	----	0.04
30	----	----	----	0.04	0.04	----	0.04
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>			
<b>Notes:</b>		PRINTED NAME: <i>Ryan A. Sherman</i>	DATE: July 3, 2023
		SIGNATURE: <i>Ryan A. S.</i>	CERT #: 9184
		PHONE #: (541) 572-2589	

<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: 2023** 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	1.1	105	114	17.8	7.8	30	Yes	850
2/ 11 AM	1.2	105	122	17.8	7.8	31	Yes	850
3/ 11 AM	----	----	----	----	----	----	----	----
4/ 11 AM	----	----	----	----	----	----	----	----
5/ 11 AM	1.0	105	103	18.3	7.9	30	Yes	850
6/ 11 AM	1.1	105	113	18.3	7.9	31	Yes	850
7/ 11 AM	1.1	105	117	18.3	8.0	32	Yes	850
8/ 11 AM	1.2	105	125	18.3	8.0	32	Yes	850
9/ 11 AM	1.2	105	128	18.3	8.1	33	Yes	850
10/ 11 AM	----	----	----	----	----	----	----	----
11/ 11 AM	----	----	----	----	----	----	----	----
12/ 11 AM	0.9	105	98	18.3	8.1	33	Yes	850
13/ 11 AM	1.0	105	104	18.9	8.1	31	Yes	850
14/ 11 AM	1.1	105	110	18.9	8.1	32	Yes	850
15/ 11 AM	1.1	105	110	19.4	7.9	28	Yes	850
16/ 11 AM	1.1	105	117	20.0	7.9	28	Yes	850
17/ 11 AM	----	----	----	----	----	----	----	----
18/ 11 AM	----	----	----	----	----	----	----	----
19/ 11 AM	1.0	105	108	20.0	8.0	29	Yes	850
20/ 11 AM	1.1	105	110	20.0	8.0	29	Yes	850
21/ 11 AM	----	----	----	----	----	----	----	----
22/ 11 AM	1.1	105	120	20.0	8.1	30	Yes	850
23/ 11 AM	1.2	105	123	19.4	8.2	32	Yes	850
24/ 11 AM	----	----	----	----	----	----	----	----
25/ 11 AM	----	----	----	----	----	----	----	----
26/ 11 AM	0.9	105	96	18.9	8.4	34	Yes	850
27/ 11 AM	1.1	105	110	18.3	8.4	36	Yes	850
28/ 11 AM	----	----	----	----	----	----	----	----
29/ 11 AM	1.0	105	100	18.3	8.3	35	Yes	850
30/ 11 AM	1.0	105	104	18.3	8.2	34	Yes	850
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*