

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

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: September 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	1.1	105	111	22.8	8.0	24	Yes	850
2 / 11 AM	1.1	105	116	24.4	8.0	21	Yes	850
3 / 11 AM	1.0	105	107	22.8	7.8	22	Yes	850
4 / 11 AM	1.0	105	109	22.8	7.8	22	Yes	850
5 / 11 AM	----	----	----	----	----	----	----	----
6 / 11 AM	----	----	----	----	----	----	----	----
7 / 11 AM	0.8	105	85	22.2	7.9	23	Yes	850
8 / 11 AM	0.9	105	93	22.8	7.9	22	Yes	850
9 / 11 AM	0.7	105	74	22.8	7.6	20	Yes	850
10 / 11 AM	0.8	105	84	23.9	7.8	20	Yes	850
11 / 11 AM	0.9	105	96	23.9	7.8	20	Yes	850
12 / 11 AM	----	----	----	----	----	----	----	----
13 / 11 AM	----	----	----	----	----	----	----	----
14 / 11 AM	0.8	105	85	22.2	7.9	23	Yes	850
15 / 11 AM	0.9	105	93	22.8	7.9	22	Yes	850
16 / 11 AM	0.7	105	74	22.8	7.6	20	Yes	850
17 / 11 AM	0.8	105	84	23.9	7.8	20	Yes	850
18 / 11 AM	0.9	105	96	23.9	7.8	20	Yes	850
19 / 11 AM	----	----	----	----	----	----	----	----
20 / 11 AM	----	----	----	----	----	----	----	----
21 / 11 AM	0.8	105	87	22.8	7.6	20	Yes	850
22 / 11 AM	1.1	105	114	22.8	7.8	22	Yes	850
23 / 11 AM	0.8	105	88	21.7	7.8	23	Yes	850
24 / 11 AM	1.2	105	122	22.2	7.8	23	Yes	850
25 / 11 AM	1.2	105	129	22.2	7.9	24	Yes	850
26 / 11 AM	----	----	----	----	----	----	----	----
27 / 11 AM	----	----	----	----	----	----	----	----
28 / 11 AM	1.0	105	108	22.2	7.9	24	Yes	850
29 / 11 AM	1.1	105	117	22.2	8.0	24	Yes	850
30 / 11 AM	1.2	105	123	22.2	7.9	24	Yes	850
31 / 11 AM	1.2	105	129	23.3	7.7	21	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