

OHA - Drinking Water Services - Surface Water Quality Data Form						County:	COOS		
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems						Month/Year:	7/21		
System Name:	Camp Myrtlewood			ID#: 41	90861	WTP : TP -	SSF/Chlorination		
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			0.22				0.22		
OFF									
OFF									
OFF									
6			0.21				0.21		
OFF									
OFF									
OFF									
11			0.21				0.21		
OFF									
OFF									
OFF									
16			0.25				0.25		
OFF									
OFF									
OFF									
21			0.24				0.24		
OFF									
OFF									
OFF									
26			0.25				0.25		
OFF									
OFF									
OFF									
31			0.21				0.21		
<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>				<b>Monthly Summary (Answer Yes or No)</b>					
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>			<b>Yes</b>	CT's met everyday? (see back)		All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?			
All daily turbidity readings ≤ 5 NTU?			<b>Yes</b>	<b>Yes</b>		<b>Yes</b>			
<b>Notes:</b>				<b>PRINTED NAME: Morgan Woods</b>					
				<b>SIGNATURE: Morgan Woods</b>			<b>DATE: 08/10/21</b>		
				<b>PHONE #: (541)572.5307</b>			<b>CERT #: N/A</b>		
<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. <sup>2</sup> Filtered systems only.									
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<b>OHA - Drinking Water Services - Surface Water Quality Data Form</b>						<b>WTP- :</b>	<b>SSF/Chlorination</b>		
<b>System Name:</b>	Camp Myrtlewood	<b>ID#: 41</b>	90861	<b>Month/Year:</b>		<b>Disinfection <i>Giardia</i> Log Inactiv:</b>	1.0		

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st 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]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1	0.6	197	118.2	12.0	7.50	38.5	YES	0.5
OFF								
OFF								
OFF								
6	0.4	197	78.8	11.0	7.50	40.2	YES	0.5
OFF								
OFF								
OFF								
11	0.8	197	157.6	12.0	7.40	38.1	YES	0.5
OFF								
OFF								
OFF								
16	0.4	197	78.8	11.0	7.30	37.5	YES	0.5
OFF								
OFF								
OFF								
21	0.6	197	118.2	12.0	7.40	37.2	YES	0.5
OFF								
OFF								
OFF								
26	0.4	197	78.8	11.0	7.40	38.9	YES	0.5
OFF								
OFF								
OFF								
31	0.6	197	118.2	12.0	7.50	38.5	YES	0.5

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

Return by 10th of following month by email, fax, or mail to:  
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350