

OHA - Drinking Water Services - Surface Water Quality Data Form							County:	COOS
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems							Month/Year:	
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 ¹ [NTU]	
1			0.19				0.19	
OFF								
OFF								
OFF								
OFF								
6			0.21				0.21	
OFF								
OFF								
OFF								
OFF								
11			0.20				0.20	
PFF								
OFF								
OFF								
OFF								
16			0.21				0.21	
OFF								
OFF								
19			0.19				0.19	
OFF								
OFF								
OFF								
OFF								
24			0.20				0.20	
OFF								
OFF								
OFF								
OFF								
29			0.22				0.22	
OFF								
OFF								
Slow Sand/Membrane/DE Filtration/Unfiltered				Monthly Summary (Answer Yes or No)				
95% of daily turbidity readings ≤ 1 NTU? ²			Yes	CT's met everyday? (see back)		All Cl2 residual at entry point ≥ 0.2 mg/l?		
All daily turbidity readings ≤ 5 NTU?			Yes	Yes		Yes		
Notes:				PRINTED NAME: Morgan Woods				
				SIGNATURE: Morgan Woods			DATE: 11/10/21	
				PHONE #: (541)572.5307			CERT #: N/A	
¹ 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. ² Filtered systems only.								
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OHA - Drinking Water Services - Surface Water Quality Data Form				WTP- :		SSF/Chlorination		
System Name:	Camp Myrtlewood	ID#: 41	90861	Month/Year:		Disinfection <i>Giardia</i> Log Inactiv:		1.0

Date / Time	Minimum Cl ₂ Residual at 1st 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]		formula	Yes / No	[GPM]
1	0.6	197	118.2	12.1	7.90	44.0	YES	0.50
OFF								
OFF								
OFF								
OFF								
6	0.4	197	78.8	12.0	7.70	40.4	YES	0.50
OFF								
OFF								
OFF								
OFF								
11	0.6	197	118.2	12.3	7.90	43.4	YES	0.50
OFF								
OFF								
OFF								
OFF								
16	0.4	197	78.8	12.2	7.90	42.8	YES	0.50
OFF								
OFF								
19	0.8	197	157.6	12.3	7.80	42.9	YES	0.50
OFF								
OFF								
OFF								
OFF								
24	0.4	197	78.8	12.1	7.70	40.1	YES	0.5
OFF								
OFF								
OFF								
OFF								
29	0.6	197	118.2	12.0	7.90	44.3	YES	0.50
OFF								
OFF								

³ If Cl₂ 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

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