

OHA - Drinking Water Services - Surface Water Quality Data Form							County:	COOS
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems							Month/Year:	1/22
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				0.14	
OFF								
OFF								
OFF								
OFF								
6			0.15				0.15	
OFF								
OFF								
OFF								
OFF								
11			0.18				0.18	
OFF								
OFF								
OFF								
OFF								
16			0.13				0.13	
OFF								
OFF								
OFF								
OFF								
21			0.14				0.14	
OFF								
OFF								
OFF								
OFF								
26			0.13				0.13	
OFF								
OFF								
OFF								
OFF								
31			0.15				0.15	

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 Cl ₂ 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:02/10/2022
	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.

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	0.4	197	78.8	4.5	7.90	71.8	YES	4.5
OFF								
OFF								
OFF								

OFF										
6	0.6	197	118.2	4.2	7.80	72.4	YES	7.0		
OFF										
OFF										
OFF										
11	0.4	197	78.8	5.2	7.90	68.5	YES	1.0		
OFF										
OFF										
OFF										
16	0.4	197	78.8	6.0	7.80	62.5	YES	2.5		
OFF										
OFF										
OFF										
OFF										
21	0.6	197	118.2	5.5	7.90	68.7	YES	1.0		
OFF										
OFF										
OFF										
OFF										
26	0.4	197	78.8	5.9	7.80	62.9	YES	5.0		
OFF										
OFF										
OFF										
OFF										
31	0.4	197	78.8	6.0	7.90	64.8	YES	1.0		
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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