

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			0.25				0.25	
2			0.22				0.22	
3			0.21				0.21	
4			0.22				0.22	
5			0.26				0.26	
6			0.26				0.26	
7			0.27				0.27	
8			0.28				0.28	
9			0.25				0.25	
10			0.21				0.21	
11			0.21				0.21	
12			0.28				0.28	
13			0.28				0.28	
14			0.28				0.28	
15			0.25				0.25	
16			0.26				0.26	
17			0.24				0.24	
18			0.26				0.26	
19			0.22				0.22	
20			0.24				0.24	
21			0.22				0.22	
22			0.21				0.21	
23			0.21				0.21	
24			0.20				0.20	
25			0.22				0.22	
26			0.20				0.20	
27			0.23				0.23	
28			0.24				0.24	
29			0.24				0.24	
30			0.23				0.23	
31			0.22				0.22	

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: 06/10/2022
	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	0.6	197	118.2	10.0	7.80	48.8	YES	0.06
2	0.6	197	118.2	9.9	7.90	51.0	YES	0.06
3	0.6	197	118.2	9.8	7.80	49.5	YES	0.06
4	0.6	197	118.2	10.1	7.70	46.8	YES	0.07

5	0.6	197	118.2	9.9	7.80	49.2	YES	0.06	
6	0.6	197	118.2	10.6	7.90	48.6	YES	0.09	
7	0.6	197	118.2	10.1	7.70	46.8	YES	0.08	
8	0.6	197	118.2	10.5	7.80	47.2	YES	0.06	
9	0.6	197	118.2	10.9	7.80	46.0	YES	0.06	
10	0.6	197	118.2	10.8	7.70	44.7	YES	0.05	
11	0.6	197	118.2	10.9	7.90	47.7	YES	0.07	
12	0.6	197	118.2	11.0	8.00	49.1	YES	0.08	
13	0.6	197	118.2	10.2	8.00	51.8	YES	0.07	
14	0.6	197	118.2	10.3	8.10	53.3	YES	0.08	
15	0.6	197	118.2	10.4	7.90	49.3	YES	0.12	
16	0.6	197	118.2	9.9	7.90	51.0	YES	0.14	
17	0.6	197	118.2	10.2	8.00	51.8	YES	0.25	
18	0.6	197	118.2	9.8	7.80	49.5	YES	0.30	
19	0.6	197	118.2	10.6	8.00	50.4	YES	0.06	
20	0.6	197	118.2	11.0	7.90	47.4	YES	0.05	
21	0.6	197	118.2	10.3	8.10	53.3	YES	0.06	
22	0.6	197	118.2	10.3	7.80	47.9	YES	0.07	
23	0.6	197	118.2	10.1	7.80	48.5	YES	0.08	
24	0.6	197	118.2	9.9	7.90	51.0	YES	0.06	
25	0.6	197	118.2	10.8	7.80	46.3	YES	0.08	
26	0.6	197	118.2	11.1	7.70	43.8	YES	0.08	
27	0.6	197	118.2	11.0	7.80	45.7	YES	0.07	
28	0.6	197	118.2	10.0	7.90	50.6	YES	0.06	
29	0.6	197	118.2	10.5	7.90	49.0	YES	0.09	
30	0.6	197	118.2	10.4	7.80	47.6	YES	0.15	
31	0.6	197	118.2	10.2	8.00	51.8	YES	0.22	

³ If Cl2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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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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