OHA - Drinking Water Services - Surface Water Quality Data Form							County:	COOS
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems							Month/Year:	9/22
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			0.06				0.06	
2			0.06				0.06	
3			0.06				0.06	
4			0.06				0.06	
5			0.06				0.06	
6			0.06				0.06	
7			0.06				0.06	
8			0.06				0.06	
9			0.06				0.06	
10			0.06				0.06	
11			0.06				0.06	
12			0.06				0.06	
13			0.06				0.06	
14			0.07				0.07	
15			0.07				0.07	
16			0.07				0.07	
17			0.07				0.07	
18			0.07				0.07	
19			0.07				0.07	
20			0.07				0.07	
21			0.07				0.07	
22			0.07				0.07	
23			0.08				0.08	
24			0.08				0.08	
25			0.08				0.08	
26			0.08				0.08	
27			0.08				0.08	
28			0.08				0.08	
29			0.08				0.08	
30			0.08				0.08	

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: After installing the new turbidimeter on the 26th, all of our readings very low. I will be working with the water manager in Myrtle Point to insure proper calibration. Next months report will have an update on accuracy.

PRINTED NAME: Morgan Woods

SIGNATURE: Morgan Woods **DATE: 10/10/2022**

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:	6/22	Disinfection *Giardia* 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	9.6	7.80	50.2	YES	1.0
2	0.6	197	118.2	9.7	7.90	51.6	YES	1.0
3	0.6	197	118.2	10.0	7.90	50.6	YES	1.0
4	0.6	197	118.2	9.9	7.90	51.0	YES	1.0
5	0.6	197	118.2	10.0	7.80	48.8	YES	1.0
6	0.6	197	118.2	10.1	7.70	46.8	YES	1.0
7	0.6	197	118.2	10.0	7.80	48.8	YES	1.0
8	0.6	197	118.2	9.7	7.70	48.1	YES	1.0
9	0.6	197	118.2	9.6	7.60	46.7	YES	1.0
10	0.6	197	118.2	9.5	7.60	47.0	YES	1.0
11	0.6	197	118.2	9.6	7.60	46.7	YES	1.0
12	0.6	197	118.2	9.6	7.80	50.2	YES	1.0
13	0.6	197	118.2	9.7	7.80	49.8	YES	1.0
14	0.6	197	118.2	9.7	7.70	48.1	YES	1.0
15	0.6	197	118.2	9.9	7.70	47.5	YES	1.0
16	0.6	197	118.2	9.8	7.90	51.3	YES	1.0
17	0.6	197	118.2	9.9	7.90	51.0	YES	1.0
18	0.6	197	118.2	9.7	7.80	49.8	YES	1.0
19	0.6	197	118.2	10.0	7.80	48.8	YES	1.0
20	0.6	197	118.2	9.8	7.80	49.5	YES	1.0
21	0.6	197	118.2	9.9	7.80	49.2	YES	1.0
22	0.6	197	118.2	10.0	7.90	50.6	YES	1.0
23	0.6	197	118.2	10.1	7.90	50.3	YES	1.0
24	0.6	197	118.2	9.9	7.90	51.0	YES	1.0
25	0.6	197	118.2	10.0	7.70	47.1	YES	1.0
26	0.6	197	118.2	9.8	7.80	49.5	YES	1.0
27	0.6	197	118.2	9.9	7.60	45.8	YES	1.0
28	0.6	197	118.2	10.0	7.70	47.1	YES	1.0
29	0.6	197	118.2	10.1	7.70	46.8	YES	1.0
30	0.6	197	118.2	9.9	7.80	49.2	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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