

OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **COOS**
 Month/Year: **Apr-23**

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			0.60				
2			0.50				
3			0.50				
4			0.50				
5			0.50				
6			0.50				
7			0.50				
8			0.50				
9			0.50				
10			0.50				
11			0.50				
12			0.40				
13			0.60				
14			0.20				
15			0.20				
16			0.50				
17			0.50				
18			0.50				
19			0.50				
20			0.50				
21			0.50				
22			0.20				
23			0.50				
24			0.50				
25			0.20				
26			0.20				
27			0.40				
28			0.50				
29			0.50				
30			0.50				
31			0.40				

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)	NO
All daily turbidity readings ≤ 5 NTU?	Yes	All Cl2 residual at entry point ≥ 0.2 mg/l?	Yes
Tracer study conducted; chlorine concentration will be adjusted to meet required contact time.	PRINTED NAME: Reid Hirt		
	SIGNATURE: Reid Hirt		DATE: 05/4/2023
	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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WTP- : SSF/Chlorination

System Name: Camp Myrtlewood ID#: 41 90861 Month/Year: Apr-23 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	0.4	43	17.2	13.1	7.85	39.5	NO	0.17
2	0.4	43	17.2	13.5	7.80	37.8	NO	0.15
3	0.4	43	17.2	11.8	7.86	43.3	NO	0.05
4	0.4	43	17.2	12.2	7.58	38.3	NO	0.03
5	0.4	43	17.2	13.6	7.77	37.1	NO	0.02
6	0.4	43	17.2	14.0	7.79	36.4	NO	0.04
7	0.4	43	17.2	15.3	7.73	32.7	NO	0.04
8	0.4	43	17.2	15.1	7.77	33.6	NO	0.03
9	0.4	43	17.2	14.3	7.72	34.8	NO	0.04
10	0.4	43	17.2	16.6	7.73	30.0	NO	0.02
11	0.4	43	17.2	14.1	7.73	35.4	NO	0.03
12	0.4	43	17.2	13.4	7.70	36.7	NO	0.06
13	0.4	43	17.2	12.4	7.73	39.8	NO	0.04
14	0.4	43	17.2	12.7	7.74	39.0	NO	0.02
15	0.4	43	17.2	14.7	7.75	34.3	NO	0.02
16	0.4	43	17.2	14.8	7.76	34.2	NO	0.03
17	0.4	43	17.2	14.1	7.76	35.8	NO	0.01
18	0.4	43	17.2	12.7	7.83	40.3	NO	0.04
19	0.4	43	17.2	12.5	7.74	39.5	NO	0.29
20	0.4	43	17.2	13.3	7.69	36.8	NO	0.04
21	0.4	43	17.2	14.6	7.66	33.4	NO	0.12
22	0.4	43	17.2	15.3	7.74	32.8	NO	0.1
23	0.4	43	17.2	14.7	7.67	33.3	NO	0.13
24	0.4	43	17.2	14.9	7.60	32.0	NO	0.1
OFF	0.4	43	17.2	14.6	7.60	32.6	NO	0.22
OFF	0.4	43	17.2	16.3	7.60	29.1	NO	0.3
OFF	0.4	43	17.2	13.5	7.80	37.8	NO	0.28
28	0.4	43	17.2	15.9	7.52	29.1	NO	0.08
29	0.4	43	17.2	15.9	7.83	32.6	NO	0.39
30	0.4	43	17.2	14.5	7.79	35.2	NO	0.08
31								

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