

OHA - Drinking Water Services - Surface Water Quality Data Form						County:	COOS	
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems						Month/Year:	10/1/2023	
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 <sup>1</sup> [NTU]	
1			0.40				0.40	
2			0.40				0.40	
3			0.10				0.10	
4			0.10				0.10	
5			0.10				0.10	
6			0.10				0.10	
7			0.10				0.10	
8			0.10				0.10	
9			0.10				0.10	
OFF			0.10				0.10	
11			0.10				0.10	
12			0.10				0.10	
13			0.10				0.10	
14			0.10				0.10	
15			0.10				0.10	
16			0.10				0.10	
17			0.20				0.20	
18			0.20				0.20	
19			0.10				0.10	
20			0.10				0.10	
21			0.10				0.10	
22			0.10				0.10	
23			0.10				0.10	
24			0.10				0.10	
25			0.10				0.10	
26			0.10				0.10	
27			0.10				0.10	
28			0.10				0.10	
29			0.10				0.10	
30			0.10				0.10	
31			0.10				0.10	
<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>				<b>Monthly Summary (Answer Yes or No)</b>				
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>			<b>Yes</b>	CT's met everyday? (see back)		All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?		
All daily turbidity readings ≤ 5 NTU?			<b>Yes</b>	<b>Yes</b>		<b>Yes</b>		
<b>Notes:</b>				<b>PRINTED NAME: Shauna Danielson</b>				
				<b>SIGNATURE: Shauna Danielson</b>		<b>DATE: 11/7/23</b>		
				<b>PHONE #: (541)572.5307</b>		<b>CERT #: N/A</b>		
<sup>1</sup> 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. <sup>2</sup> Filtered systems only.								
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<b>OHA - Drinking Water Services - Surface Water Quality Data Form</b>						<b>WTP- :</b>	<b>SSF/Chlorination</b>	
<b>System Name:</b>	<b>Camp Myrtlewood</b>	<b>ID#: 41</b>	<b>90861</b>	<b>Month/Year:</b>	<b>Oct 23</b>	<b>Disinfection <i>Giardia</i> Log Inactiv:</b>	<b>1.0</b>	

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1	1	43	43.0	16.4	7.84	33.9	YES	0.09
2	1	43	43.0	16.4	8.18	38.4	YES	0.06
3	1	43	43.0	17.8	7.99	32.6	YES	0.06
4	1	43	43.0	19.4	7.89	28.2	YES	0.18
5	1	43	43.0	17.5	8.00	33.4	YES	0.09
6	1	43	43.0	17.6	8.25	36.4	YES	0.09
7	1	43	43.0	17.4	7.96	33.1	YES	0.11
8	1	43	43.0	17.8	8.14	34.5	YES	0.16
9	1	43	43.0	17.6	7.95	32.6	YES	0.03
OFF								
11	1	43	43.0	17.4	8.12	35.1	YES	0.27
12	1	43	43.0	18.0	8.04	32.8	YES	0.29
13	1	43	43.0	16.6	7.98	35.2	YES	0.16
14	1	43	43.0	17.2	8.03	34.5	YES	0.1
15	1	43	43.0	18.2	8.06	32.6	YES	0.08
16	1	43	43.0	17.8	7.92	31.8	YES	0.07
17	1	43	43.0	18.3	7.89	30.4	YES	0.21
18	1	43	43.0	17.8	8.01	32.9	YES	0.34
19	1	43	43.0	17.4	8.04	34.1	YES	0.15
20	1	43	43.0	17.2	8.01	34.2	YES	0.06
21	1	43	43.0	17.5	8.11	40.2	YES	0.1
22	1	43	43.0	17.0	8.10	41.3	YES	0.06
23	1	43	43.0	18.3	8.00	31.7	YES	0.04
24	1	43	43.0	16.1	7.98	36.4	YES	0.01
25	1	43	43.0	16.5	7.93	34.8	YES	0.13
26	1	43	43.0	15.6	8.00	37.9	YES	0.01
27	1	43	43.0	15.8	8.07	38.4	YES	0.06
28	1	43	43.0	14.4	8.09	42.4	YES	0.04
29	1	43	43.0	13.8	7.98	42.4	YES	0.02
30	1	43	43.0	15.5	8.04	38.7	YES	0
31	1	43	43.0	14.9	8.03	40.1	YES	0

<sup>3</sup> If Cl<sub>2</sub> 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