

OHA - Drinking Water Services - Surface Water Quality Data Form						County:	COOS	
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems						Month/Year:	1/24	
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			0.10				0.10	
2			0.10				0.10	
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	
10			0.10				0.10	
11			0.30				0.30	
12			0.30				0.30	
13			0.20				0.20	
OFF			OFF				OFF	
OFF			OFF				OFF	
OFF			OFF				OFF	
OFF			OFF				OFF	
19			0.20				0.20	
20			0.20				0.20	
21			0.40				0.40	
22			0.30				0.30	
23			0.20				0.20	
24			0.20				0.20	
25			0.20				0.20	
26			0.20				0.20	
27			0.40				0.40	
28			0.40				0.40	
29			0.20				0.20	
30			0.30				0.30	
31			0.30				0.30	
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: Shauna Danielson				
				SIGNATURE: Shauna Danielson			2/8/24	
				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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OHA - Drinking Water Services - Surface Water Quality Data Form						WTP- :	SSF/Chlorination	
System Name:	Camp Myrtlewood	ID#: 41	90861	Month/Year:	Dec 23	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	1	43	43.0	12.8	8.10	47.3	NO	0.76
2	1	43	43.0	15.8	7.89	35.9	YES	0.11
3	1	43	43.0	14.6	8.17	43.1	NO	0.02
4	1	43	43.0	16.2	8.10	37.8	YES	0.02
5	1	43	43.0	15.3	8.02	38.9	YES	0.02
6	1	43	43.0	14.2	8.03	42.0	YES	0.01
7	1	43	43.0	14.0	7.89	40.5	YES	0.02
8	1	43	43.0	14.2	7.30	32.1	YES	0.02
9	1	43	43.0	13.8	7.90	41.2	YES	0.01
10	1	43	43.0	12.7	7.77	42.2	YES	0.02
11	1	43	43.0	15.2	8.01	39.1	YES	0.02
12	1	43	43.0	14.2	8.02	41.9	YES	0.02
13	1	43	43.0	14.1	8.03	42.3	YES	0.03
OFF								
OFF								
OFF								
OFF								
OFF								
19	1	43	43.0	14.2	8.02	41.9	YES	0.03
20	1	43	43.0	14.2	8.05	42.4	YES	0.05
21	1	43	43.0	16.4	8.02	36.2	YES	0.02
22	1	43	43.0	15.8	7.99	37.3	YES	0.02
23	1	43	43.0	16.4	8.13	37.7	YES	0.03
24	1	43	43.0	15.9	8.13	39.0	YES	0.05
25	1	43	43.0	15.9	8.04	37.7	YES	0.03
26	1	43	43.0	16.3	7.99	36.0	YES	0.04
27	1	43	43.0	17.7	7.90	31.8	YES	0.01
28	1	43	43.0	17.1	7.98	34.0	YES	0.02
29	1	43	43.0	16.3	7.98	35.9	YES	0.02
30	1	43	43.0	16.1	7.99	36.5	YES	0.02
31	1	43	43.0	16.9	7.69	31.0	YES	0.006

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