

OHA - Drinking Water Services - Surface Water Quality Data Form						County:	COOS		
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems						Month/Year:	5/24		
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]		
OFF									
OFF									
3			0.25				0.25		
4			0.50				0.50		
5			0.30				0.30		
6			0.30				0.30		
7			0.50				0.50		
8			0.30				0.30		
9			0.40				0.40		
10			0.50				0.50		
OFF									
OFF									
13			0.50				0.50		
14			0.40				0.40		
15			0.40				0.40		
16			0.40				0.40		
17			0.30				0.30		
18			0.30				0.30		
19			0.30				0.30		
20			0.30				0.30		
21			0.30				0.30		
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			0.30				0.30		
28			0.30				0.30		
29			0.20				0.20		
30			0.20				0.20		
31			0.20				0.20		
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			DATE: 06/08/2024		
				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:	May 2024	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]
OFF								
OFF								
3	1.3	43	55.9	13.1	8.50	55.6	YES	
4	1.2	43	51.6	14.0	8.26	47.4	YES	
5	1.3	43	55.9	14.9	8.07	42.1	YES	
6	1.4	43	60.2	13.4	8.07	47.1	YES	
7	1.3	43	55.9	15.5	8.18	42.2	YES	
8	1.2	43	51.6	13.3	8.20	48.6	YES	
9	1.0	43	43.0	14.8	8.08	41.2	YES	
10	1.0	43	43.0	17.7	8.21	35.6	YES	
OFF								
OFF								
13	1.5	43	64.5	18.0	8.19	41.0	YES	
14	1.3	43	55.9	18.6	8.13	31.6	YES	
15	1.1	43	47.3	18.2	8.49	38.6	YES	
16	1.3	43	55.9	17.9	7.96	33.2	YES	
17	1.0	43	43.0	17.7	8.15	34.8	YES	
18	1.3	43	55.9	15.6	8.11	40.8	YES	
19	1.8	43	77.4	15.6	8.32	46.7	YES	
20	1.2	43	51.6	15.2	8.57	49.1	YES	
21	1.08	43	46.4	16.8	8.23	38.4	YES	
22	1.4	43	60.2	15.4	8.57	49.5	YES	
23	1.3	43	55.9	14.8	8.24	45.2	YES	
24	1.2	43	51.6	14.9	8.23	44.2	YES	
25	1.1	43	47.3	16.7	8.57	44.0	YES	
26	1.1	43	47.3	14.2	8.24	45.9	YES	
27	1.3	43	55.9	13.2	8.49	55.0	YES	
28	1.3	43	55.9	16.8	8.75	47.7	YES	
29	1.1	43	47.3	17.9	8.51	39.7	YES	
30	1.3	43	55.9	15.3	8.25	43.8	YES	
31	1.3	43	55.9	18.7	8.41	37.1	YES	

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