

OHA - Drinking Water Services - Surface Water Quality Data Form						County:	COOS		
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems						Month/Year:	6/24		
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			0.20				0.20		
2			0.20				0.20		
3			0.20				0.20		
4			0.20				0.20		
5			0.20				0.20		
6			0.20				0.20		
7			0.20				0.20		
OFF									
OFF									
OFF									
11			0.70				0.70		
12			0.40				0.40		
13			0.50				0.50		
14			0.20				0.20		
15			0.20				0.20		
16			0.20				0.20		
17			0.30				0.30		
18			0.30				0.30		
19			0.20				0.20		
20			0.10				0.10		
21			0.40				0.40		
22			0.30				0.30		
23			0.60				0.60		
24			0.10				0.10		
25			0.10				0.10		
26			0.10				0.10		
27			0.20				0.20		
28			0.30				0.30		
29			0.30				0.30		
30			0.30				0.30		
31									
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: 07/08/2024		
				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:	June 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]
1	0.9	43	38.7	17.5	8.30	36.9	YES	0.14
2	1.6	43	68.8	16.8	8.36	8.4	YES	0.1
3	1.4	43	60.2	17.4	8.34	39.9	YES	0.12
4	1.4	43	60.2	20.4	8.17	30.7	YES	0.31
5	1	43	43.0	17.8	8.39	37.8	YES	0.09
6	1.3	43	55.9	18.2	8.29	36.7	YES	0.12
7	1.3	43	55.9	20.4	8.36	32.5	YES	0.06
OFF								
OFF								
OFF								
11	1.4	43	60.2	19.4	8.56	36.9	YES	0.26
12	1.3	43	55.9	18.6	8.52	37.6	YES	0.19
13	1.5	43	64.5	17.9	8.49	40.8	YES	0.3
14	1.3	43	55.9	17.8	8.43	38.4	YES	0.39
15	1.5	43	64.5	16.6	8.46	44.5	YES	0.2
16	1.3	43	55.9	16.8	8.34	41.0	YES	0.19
17	1.2	43	51.6	16.6	8.32	40.8	YES	0.41
18	1.2	43	51.6	17.9	8.31	37.3	YES	0.32
19	1.1	43	47.3	18.2	8.39	37.2	YES	0.14
20	1.2	43	51.6	18.2	8.48	38.9	YES	0.09
21	1.06	43	45.6	20.0	8.29	31.7	YES	0.08
22	1	43	43.0	21.1	8.19	28.2	YES	0.1
23	1.3	43	55.9	20.9	8.22	29.9	YES	0.12
24	1.2	43	51.6	19.7	8.36	33.7	YES	0.19
25	1.1	43	47.3	20.5	8.27	30.6	YES	0.21
26	1.1	43	47.3	20.1	8.13	29.8	YES	0.17
27	1.3	43	55.9	20.2	8.22	31.3	YES	0.22
28	1.3	43	55.9	18.3	8.44	38.5	YES	0.3
29	1.1	43	47.3	19.5	8.37	33.9	YES	0.13
30	1.3	43	55.9	22.0	8.41	29.8	YES	0.09
31								

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