OHA - Drinking Water Services - Surface Water Quality Data Form							County:	COOS
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems							Month/Year:	3/25
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			0.43				0.43	
2			0.45				0.45	
3			0.44				0.39	
4			0.39				0.39	
5			0.34				0.34	
6			0.33				0.33	
7			0.30				0.30	
8			0.46				0.46	
9			0.43				0.43	
10			0.33				0.33	
11			0.43				0.43	
12			0.32				0.32	
13			OFF				OFF	
14			OFF				OFF	
15			OFF				OFF	
16			OFF				OFF	
17			0.57				0.57	
18			0.53				0.53	
19			0.44				0.44	
20			0.43				0.43	
21			0.38				0.38	
22			0.57				0.57	
23			OFF				OFF	
24			OFF				OFF	
25			0.49				0.49	
26			0.36				0.36	
27			0.52				0.52	
28			0.73				0.73	
29			0.83				0.83	
30			0.82				0.82	
31			0.74				0.74	

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 Cl2 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 **4/6/2024**

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.

OHA - Drinking Water Services - Surface Water Quality Data Form						WTP- :	SSF/Chlorination
System Name:	Camp Myrtlewood	ID#: 41	90861	Month/Year:	3/25	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	1.67	43	71.8	12.7	8.14	52.1	YES	0.014
2	1.62	43	69.7	12.7	8.08	50.7	YES	0.014
3	1.72	43	74.0	12.6	8.31	56.2	YES	0.014
4	1.58	43	67.9	13.9	8.24	49.5	YES	0.014
5	1.59	43	68.4	13.0	8.25	52.7	YES	0.063
6	1.36	43	58.5	13.9	8.03	44.7	YES	0.014
7	1.29	43	55.5	14.1	8.19	46.4	YES	0.056
8	1.27	43	54.6	14.3	8.10	44.2	YES	0.021
9	1.35	43	58.1	13.6	8.07	46.2	YES	0.056
10	1.79	43	77.0	13.9	8.08	47.8	YES	0.028
11	1.28	43	55.0	14.9	8.03	1.5	YES	0.014
12	1.47	43	63.2	14.1	8.09	1.7	YES	0.021
OFF								
OFF								
OFF								
OFF								
17	1.57	43	67.5	14.2	8.56	54.5	YES	0.035
18	1.38	43	59.3	14.3	8.23	46.9	YES	0.063
19	1.45	43	62.4	11.3	8.29	58.8	YES	0.010
20	1.39	43	59.8	12.6	8.26	53.1	YES	0.049
21	1.34	43	57.6	13.9	8.09	45.6	YES	0.021
22	1.29	43	55.5	14.6	8.13	43.9	YES	0.028
OFF								
OFF								
25	1.19	43	51.2	18.3	8.18	34.6	YES	0.056
26	1.6	43	68.8	19.6	8.04	31.6	YES	0.021
27	1.32	43	56.8	15.6	8.15	41.5	YES	0.056
28	1.83	43	78.7	15.7	8.03	41.8	YES	0.063
29	1.28	43	55.0	15.1	8.19	43.4	YES	0.078
30	1.27	43	54.6	13.3	8.20	49.0	YES	0.049
31	1.47	43	63.2	11.3	8.11	55.3	YES	0.021

[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

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