OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- : A

System Name:	Camp Tamarack	ID#:	41 94144	Month/Year: May 2025	Disinfection *Giardia* Log Inactiv:	0.5

Date	Cl_2 Residual [2]	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? [2]	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C x T	[° C]		tables	Yes / No	[GPM]
1	1.3	66	86	14.5	7.6	28	yes	
2	1.4		92	14.5	7.5	28	yes	
3	1.6		105	14.0	8.0	29	yes	
4	1.8		118	14.5	8.0	30	yes	
5	2.0		132	15.0	8.0	30	yes	
6	1.9		125	14.5	8.0	29	yes	
7	1.8		118	16.0	8.0	30	yes	
8	2.0		132	16.0	8.0	30	yes	
9	2.1		138	15.5	8.0	31	yes	
10	1.9		125	15.2	8.0	30	yes	
11	1.8		118	15.4	8.0	30	yes	
12	1.6		105	14	8.0	29	yes	
13	1.2		79	13	8.0	28	yes	
14	1.3		85	13	8.0	28	yes	
15	1.8		118	13	7.8	30	yes	
16	1.5		99	13	7.6	28	yes	
17	1.3		85	13	7.8	28	yes	
18	1.8		118	13	7.7	30	yes	
19	1.4		92	13	7.8	28	yes	
20	1.5		99	13	7.7	28	yes	
21	1.4		92	12	7.8	28	yes	
22	1.3		85	13	7.8	28	yes	
23	1.2		79	13	7.7	28	yes	
24	1.3		85	13	7.8	28	yes	
25	1.2		79	12	7.7	28	yes	
26	1.2		79	13	7.8	28	yes	
27	.9		59	17	7.5	15	yes	
28	1.3		85	16	4.7	9.0	yes	
29	.32		21	18	6	8	yes	
30	1.3		85	13	7.5	23	yes	
31	1.2	↓	79	12	7.7	28	yes	

[2] If Cl_2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised Oct. 21, 2024

Return by 10th of following month by email, fax, or mail to:

dwp.dmce@odhsoha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14450, Portland, OR 97293-0350