

OHA - Drinking Water Services - Surface Water Quality Data Form						County:	COOS
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems						Month/Year:	1/25
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			0.58				0.58
2			0.87				0.87
3			0.93				0.93
4			0.88				0.88
5			0.87				0.87
6			0.73				0.73
7			0.96				0.96
8			0.55				0.55
9			0.81				0.81
10			0.81				0.81
11			0.81				0.81
12			0.56				0.56
13			0.69				0.69
14			0.53				0.53
15			0.47				0.47
16			0.87				0.87
17			0.41				0.41
18			0.63				0.63
19			0.51				0.51
20			0.52				0.52
21			0.36				0.36
22			0.32				0.32
23			0.33				0.33
24			0.32				0.32
25			0.34				0.34
26			0.27				0.27
27			0.29				0.29
28			0.34				0.34
29			0.52				0.52
30			0.49				0.49
31			0.69				0.69
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		2/10/2025	
				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.							
PAGE 1 of 2							
OHA - Drinking Water Services - Surface Water Quality Data Form						WTP- :	SSF/Chlorination
System Name:	Camp Myrtlewood	ID#: 41	90861	Month/Year:	1/25	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	2.05	43	88.2	13.0	8.51	61.1	YES	0.135
2	1.69	43	72.7	16.8	8.19	40.6	YES	0.135
3	1.25	43	53.8	14.9	8.12	42.7	YES	0.118
4	1.19	43	51.2	14.7	8.24	44.9	YES	0.160
5	1.08	43	46.4	14.7	8.04	41.2	YES	0.132
6	1.17	43	50.3	14.7	8.07	42.1	YES	0.132
7	1.18	43	50.7	12.6	8.15	49.8	YES	0.139
8	1.04	43	44.7	14.0	8.06	43.3	YES	0.139
9	1.27	43	54.6	11.7	8.15	53.3	YES	0.149
10	1.18	43	50.7	12.2	8.12	50.5	YES	0.146
11	1.22	43	52.5	12.1	8.11	50.9	YES	0.146
12	1.3	43	55.9	11.7	8.16	55.1	YES	0.167
13	1.34	43	57.6	11.6	8.11	55.7	YES	0.236
14	1.4	43	60.2	11.5	8.23	59.6	YES	0.167
15	1.39	43	59.8	10.8	8.23	59.1	YES	0.257
16	1.75	43	75.3	10.1	8.38	68.3	YES	0.188
17	1.56	43	67.1	10.0	8.31	65.6	YES	0.153
18	1.66	43	71.4	8.3	8.13	69.8	YES	0.118
19	1.78	43	76.5	9.0	8.33	72.6	YES	0.139
20	1.81	43	77.8	8.6	8.30	74.1	YES	0.132
21	1.83	43	78.7	8.0	8.27	76.5	YES	0.118
22	1.72	43	74.0	8.3	8.17	71.3	YES	0.118
23	1.68	43	72.2	9.1	8.34	71.5	YES	0.153
24	1.74	43	74.8	11.1	8.33	62.6	YES	0.132
25	1.6	43	68.8	9.8	8.38	68.5	YES	0.132
26	1.67	43	71.8	9.2	8.34	70.9	YES	0.125
27	1.88	43	80.8	8.7	8.34	75.3	YES	0.125
28	1.86	43	80.0	8.1	8.39	79.7	YES	0.167
29	1.77	43	76.1	8.6	8.34	74.8	YES	0.125
30	1.68	43	72.2	10.3	8.37	66.6	YES	0.132
31	1.59	43	68.4	11.9	8.31	57.8	YES	0.125

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