OHA - Drinking Water Services - Surface Water Quality Data Form							County:	COOS
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems							Month/Year:	4/25
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			1.20				1.20	
3			0.99				0.99	
4			0.84				0.84	
5			0.73				0.73	
6			0.62				0.62	
7			0.55				0.55	
8			0.49				0.49	
9			0.92				0.92	
10			OFF				OFF	
11			OFF				OFF	
12			OFF				OFF	
13			OFF				OFF	
14			0.42				0.42	
15			0.39				0.39	
16			0.35				0.35	
17			OFF				OFF	
18			0.30				0.30	
19			0.26				0.26	
20			0.24				0.24	
21			0.22				0.22	
22			0.23				0.23	
23			0.20				0.20	
24			0.22				0.22	
25			0.21				0.21	
26			0.20				0.20	
27			0.43				0.43	
28			0.35				0.35	
29			0.33				0.33	
30			0.43				0.43	
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 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 **5/4/2025**

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.

OHA - Drinking Water Services - Surface Water Quality Data Form						WTP- :	SSF/Chlorination
System Name:	**Camp Myrtlewood**	**ID#: 41**	**90861**	**Month/Year:**	**4/25**	**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	1.88	43	80.8	14.5	7.94	44.0	YES	0.028
2	1.85	43	79.6	13.4	8.01	48.4	YES	0.021
3	1.74	43	74.8	14.5	7.93	43.2	YES	0.015
4	1.72	43	74.0	14.6	8.07	45.1	YES	0.071
5	1.46	43	62.8	17.3	8.01	35.8	YES	0.078
6	1.36	43	58.5	16.8	8.12	38.1	YES	0.071
7	1.14	43	49.0	15.9	8.14	39.7	YES	0.057
8	1.26	43	54.2	16.2	8.17	39.9	YES	0.090
9	1.01	43	43.4	17.6	8.10	34.5	YES	0.132
OFF								
OFF								
OFF								
OFF								
14	1.17	43	50.3	18.7	8.08	34.2	YES	0.0128
15	1.09	43	46.9	16.7	8.12	37.2	YES	0.208
16	1.34	43	57.6	15.3	8.23	43.7	YES	0.215
OFF								
18	1.3	43	55.9	16.9	8.24	39.3	YES	0.028
19	1.22	43	52.5	15.6	8.28	43.1	YES	0.104
20	1.10	43	47.3	14.9	8.29	44.7	YES	0.056
21	1.16	43	49.9	14.4	8.19	44.8	YES	0.257
22	1.22	43	52.5	12.4	8.16	50.8	YES	0.167
23	1.22	43	52.5	11.8	8.10	51.7	YES	0.167
24	1.3	43	55.9	11.9	8.30	55.7	YES	0.132
25	1.32	43	56.8	14.2	8.40	49.9	YES	0.063
26	1.20	43	51.6	14.6	8.35	47.1	YES	0.159
27	1.19	43	51.2	14.6	8.32	46.5	YES	0.063
28	1.47	43	63.2	16.0	8.34	44.1	YES	0.056
29	1.55	43	66.7	15.9	8.33	44.6	YES	0.159
30	1.56	43	67.1	18.8	8.29	36.3	YES	0.063
31								

[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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