

OHA - Drinking Water Services - Surface Water Quality Data Form							County:	COOS	
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems							Month/Year:	7/25	
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			0.12				0.12		
2			0.14				0.14		
3			0.13				0.13		
4			0.12				0.12		
5			0.13				0.13		
6			0.11				0.11		
7			0.11				0.11		
8			0.12				0.12		
9			0.15				0.15		
10			0.14				0.14		
11			0.13				0.13		
12			0.09				0.09		
13			0.09				0.09		
14			0.09				0.09		
15			0.09				0.09		
16			0.09				0.09		
17			0.11				0.11		
18			0.11				0.11		
19			0.12				0.12		
20			0.10				0.10		
21			0.10				0.10		
22			0.10				0.10		
23			0.10				0.10		
24			0.11				0.11		
25			0.11				0.11		
26			0.10				0.10		
27			0.11				0.11		
28			0.11				0.11		
29			0.15				0.15		
30			0.18				0.18		
31			0.17				0.17		
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			8/4/2005	
					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:	July 2025	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	0.8	43	34.4	20.5	8.34	30.3	YES	0.271
2	0.86	43	37.0	19.7	8.38	32.7	YES	0.104
3	0.98	43	42.1	18.8	8.42	35.7	YES	0.208
4	1.1	43	47.3	19.1	8.41	45.1	YES	0.188
5	0.88	43	37.8	21.2	8.30	28.8	YES	0.174
6	1.12	43	48.2	22.0	8.34	28.4	YES	0.139
7	1.10	43	47.3	22.1	8.33	28.1	YES	0.137
8	1	43	43.0	21.2	8.35	29.7	YES	0.097
9	0.93	43	40.0	21.1	8.46	30.9	YES	0.396
10	1.33	43	57.2	21.6	8.44	31.1	YES	0.394
11	1.29	43	55.5	21.7	8.39	30.4	YES	0.132
12	1.28	43	55.0	22.7	8.36	27.7	YES	0.069
13	1.08	43	46.4	23.4	8.41	26.4	YES	0.321
14	0.94	43	40.4	22.6	8.35	28.4	YES	0.153
15	0.87	43	37.4	21.8	8.40	28.6	YES	0.201
16	0.77	43	33.1	20.9	8.50	31.2	YES	0.153
17	1.06	43	45.6	20.6	8.44	32.2	YES	0.079
18	0.94	43	40.4	21.9	8.36	28.3	YES	0.146
19	1.11	43	47.7	22.4	8.43	28.6	YES	0.056
20	1.03	43	44.3	20.4	8.42	32.3	YES	0.056
21	1.04	43	44.7	21.7	8.35	28.9	YES	0.188
22	1.02	43	43.9	21.5	8.39	29.6	YES	0.208
23	1.07	43	46.0	21.3	8.42	30.5	YES	0.201
24	1.43	43	61.5	21.7	8.48	31.7	YES	0.201
25	1.33	43	57.2	21.4	8.49	32.1	YES	0.215
26	1.18	43	50.7	21.5	8.34	29.6	YES	0.132
27	1.12	43	48.2	19.1	8.49	36.5	YES	0.132
28	1.07	43	46.0	20.8	8.59	33.6	YES	0.063
29	1.47	43	63.2	21.5	8.53	32.8	YES	0.063
30	1.37	43	58.9	22.4	8.50	30.2	YES	0.146
31	1.35	43	58.1	23.5	8.51	28.1	YES	0.208

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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