OHA - Drinking Water Services - Surface Water Quality Data Form							County:	COOS
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems							Month/Year:	10/25
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			0.11				0.11	
2			0.10				0.10	
3			0.10				0.10	
4			0.19				0.19	
5			0.13				0.13	
6			0.11				0.11	
7			0.11				0.11	
8			0.11				0.11	
9			0.10				0.10	
10			0.09				0.09	
11			0.18				0.18	
12			0.17				0.17	
13			0.10				0.10	
14			0.10				0.10	
15			0.14				0.14	
16			0.16				0.16	
17			0.15				0.15	
18			0.11				0.11	
19			0.11				0.11	
20			0.11				0.11	
21			0.11				0.11	
22			0.15				0.15	
23			0.17				0.17	
24			0.16				0.16	
25			0.13				0.13	
26			0.11				0.11	
27			0.13				0.13	
28			0.16				0.16	
29			0.24				0.24	
30			0.15				0.15	
31			0.14				0.14	

		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 **11/9/2025**

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:	October 2025	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	1.5	43	64.5	18.2	8.53	41.0	YES	0.076
2	1.24	43	53.3	16.6	8.56	44.8	YES	0.188
3	1.22	43	52.5	18.0	8.53	40.3	YES	0.118
4	1.51	43	64.9	18.3	8.50	45.1	YES	0.069
5	1.49	43	64.1	18.9	8.43	37.7	YES	0.076
6	1.14	43	49.0	19.0	8.49	36.8	YES	0.208
7	1.44	43	61.9	17.0	8.52	44.0	YES	0.125
8	1.42	43	61.1	16.8	8.50	44.1	YES	0.125
9	1.32	43	56.8	16.4	8.53	45.3	YES	0.164
10	1.29	43	55.5	14.9	8.57	50.6	YES	0.042
11	1.74	43	74.8	15.3	8.51	53.2	YES	0.042
12	1.52	43	65.4	13.1	8.66	56.8	YES	0.118
13	1.28	43	55.0	14.0	8.64	52.5	YES	0.014
14	1.09	43	46.9	15.4	8.49	44.9	YES	0.076
15	1.12	43	48.2	20.9	8.51	32.6	YES	0.215
16	1.19	43	51.2	16.7	8.40	41.7	YES	0.174
17	1.22	43	52.5	16.8	8.64	45.4	YES	0.201
18	1.18	43	50.7	15.8	8.54	46.6	YES	0.094
19	1.61	43	69.2	14.8	8.59	53.2	YES	0.104
20	1.17	43	50.3	15.4	8.48	46.7	YES	0.056
21	1.56	43	67.1	15.1	8.50	50.2	YES	0.042
22	1.52	43	65.4	15.2	8.46	48.9	YES	0.063
23	1.46	43	62.8	15.6	8.43	46.8	YES	0.194
24	1.32	43	56.8	14.9	8.39	47.5	YES	0.104
25	1.29	43	55.5	14.2	8.45	50.7	YES	0.111
26	1.33	43	57.2	13.0	8.44	54.9	YES	0.111
27	1.29	43	55.5	16.1	8.64	47.9	YES	0.069
28	1.19	43	51.2	15.8	8.48	45.6	YES	0.160
29	1.32	43	56.8	15.1	8.52	49.2	YES	0.125
30	1.28	43	55.0	16.6	8.49	43.8	YES	0.083
31	1.22	43	52.5	14.4	8.45	49.6	YES	0.104

[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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