

OHA - Drinking Water Services - Surface Water Quality Data Form							County:	COOS	
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems							Month/Year:	11/25	
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			0.14				0.14		
2			0.14				0.14		
3			0.13				0.13		
4			0.14				0.14		
5			0.74				0.74		
6			0.33				0.33		
7			0.18				0.18		
8			0.15				0.15		
9			0.14				0.14		
10			0.14				0.14		
11			0.14				0.14		
12			0.16				0.16		
13			0.15				0.15		
14			0.16				0.16		
15			0.15				0.15		
16			0.15				0.15		
17			0.19				0.19		
18			0.13				0.13		
19			0.12				0.12		
20			0.12				0.12		
21			0.13				0.13		
22			0.12				0.12		
23			0.12				0.12		
24			0.14				0.14		
25			0.13				0.13		
26			0.12				0.12		
27			0.12				0.12		
28			0.12				0.12		
29			0.13				0.13		
30			0.13				0.13		
31									
					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			12/8/2025	
					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.									
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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:	Sept 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	1.17	43	50.3	17.4	8.51	41.4	YES	0.042
2	1.08	43	46.4	16.6	8.36	40.9	YES	0.028
3	1.18	43	50.7	15.4	8.44	46.1	YES	0.042
4	1.14	43	49.0	17.8	8.30	45.1	YES	0.021
5	1.028	43	44.2	18.2	8.54	39.0	YES	0.174
6	1.21	43	52.0	16.6	8.41	42.2	YES	0.194
7	1.18	43	50.7	15.9	8.36	43.3	YES	0.208
8	1.16	43	49.9	15.8	8.49	45.6	YES	0.174
9	1.25	43	53.8	15.8	8.51	46.4	YES	0.021
10	1.13	43	48.6	17.5	8.36	38.7	YES	0.194
11	1.26	43	54.2	16.8	8.33	41.2	YES	0.194
12	1.05	43	45.2	16.6	8.31	40.6	YES	0.024
13	1.13	43	48.6	16.5	8.36	42.4	YES	0.153
14	1.06	43	45.6	15.5	8.35	44.3	YES	0.028
15	1.14	43	49.0	16.2	8.43	43.3	YES	0.049
16	1.15	43	49.5	15.3	8.39	45.4	YES	0.049
17	1.14	43	49.0	14.5	8.35	47.1	YES	0.131
18	1.24	43	53.3	13.4	8.40	52.2	YES	0.125
19	1.44	43	61.9	11.9	8.44	59.6	YES	0.167
20	1.41	43	60.6	13.4	8.35	52.2	YES	0.076
21	1.31	43	56.3	12.5	8.42	56.2	YES	0.035
22	1.49	43	64.1	11.3	8.42	61.9	YES	0.069
23	1.41	43	60.6	13.9	8.39	51.3	YES	0.090
24	1.42	43	61.1	13.1	8.40	54.3	YES	0.146
25	1.41	43	60.6	13.4	8.37	52.6	YES	0.139
26	1.33	43	57.2	13.4	8.45	53.7	YES	0.139
27	1.27	43	54.6	16.4	8.33	41.8	YES	0.069
28	1.29	43	55.5	14.6	8.42	48.8	YES	0.090
29	1.42	43	61.1	13.9	8.40	51.5	YES	0.139
30	1.37	43	58.9	14.2	8.40	50.2	YES	0.118
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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