OHA - Drinking Water Services - Surface Water Quality Data Form							County:	COOS
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems							Month/Year:	1/26
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			0.17				0.17	
2			0.16				0.16	
3			0.19				0.17	
4			0.26				0.26	
5			0.17				0.17	
6			0.29				0.29	
7			0.28				0.28	
8			0.31				0.14	
9			0.19				0.19	
10			0.17				0.17	
11			0.16				0.16	
12			0.15				0.15	
13			0.15				0.15	
14			0.15				0.15	
15			0.15				0.15	
16			0.15				0.15	
17			0.14				0.14	
18			0.14				0.14	
19			0.22				0.22	
20			0.17				0.17	
21			0.16				0.16	
22			0.15				0.15	
23			0.15				0.15	
24			0.14				0.14	
25			0.13				0.13	
26			0.13				0.13	
27			0.13				0.13	
28			0.16				0.16	
29			0.16				0.16	
30			0.16				0.16	
31			0.15				0.15	

		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 **2/10/2026**

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:	Jan 26	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	2.19	43	94.2	13.5	8.42	58.1	YES	0.007
2	2.47	43	106.2	15.0	8.44	54.7	YES	0.097
3	1.47	43	63.2	13.4	8.44	54.3	YES	0.014
4	1.26	43	54.2	12.7	8.43	45.1	YES	0.007
5	1.5	43	64.5	11.9	8.63	64.3	YES	0.014
6	1.42	43	61.1	12.4	8.39	56.4	YES	0.021
7	1.52	43	65.4	10.8	8.44	64.8	YES	0.028
8	1.55	43	66.7	12.1	8.33	57.2	YES	0.021
9	1.57	43	67.5	11.7	8.54	63.6	YES	0.042
10	1.58	43	67.9	12.3	8.38	57.7	YES	0.028
11	1.59	43	68.4	11.9	8.36	58.9	YES	0.028
12	1.58	43	67.9	10.7	8.36	65.0	YES	0.021
13	1.58	43	67.9	10.5	8.36	64.9	YES	0.035
14	1.56	43	67.1	10.2	8.41	66.8	YES	0.028
15	1.68	43	72.2	9.7	8.37	69.4	YES	0.021
16	1.68	43	72.2	9.9	8.40	69.2	YES	0.014
17	1.65	43	71.0	9.7	8.38	69.4	YES	0.007
18	1.56	43	67.1	10.5	8.34	64.1	YES	0.021
19	1.56	43	67.1	11.1	8.34	61.5	YES	0.028
20	1.54	43	66.2	10.5	8.34	63.9	YES	0.021
21	1.58	43	67.9	11.1	8.30	60.8	YES	0.021
22	1.56	43	67.1	10.2	8.34	65.4	YES	0.069
23	1.52	43	65.4	10.5	8.33	63.5	YES	0.090
24	1.68	43	72.2	9.0	8.31	71.2	YES	0.146
25	1.75	43	75.3	9.2	8.34	71.6	YES	0.139
26	1.59	43	68.4	10.2	8.31	64.9	YES	0.139
27	1.62	43	69.7	10.0	8.36	67.2	YES	0.069
28	1.57	43	67.5	11.0	8.33	61.8	YES	0.090
29	1.52	43	65.4	12.0	8.37	58.2	YES	0.021
30	1.31	43	56.3	13.4	8.32	51.1	YES	0.063
31	1.15	43		11.0	8.36	59.5		0.049

[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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