

OHA - Drinking Water Services - Surface Water Quality Data Form							County:	Coos	
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems							Month/Year:	Feb 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 <sup>1</sup> [NTU]		
1			0.15				0.15		
2			0.14				0.14		
3			0.14				0.14		
4			0.13				0.13		
5			0.13				0.13		
6			0.14				0.14		
7			0.13				0.13		
8			0.46				0.46		
9			0.44				0.44		
10			OFF				OFF		
11			OFF				OFF		
12			0.17				0.17		
13			0.12				0.12		
14			0.12				0.12		
15			0.25				0.25		
16			0.12				0.12		
17			0.12				0.12		
18			0.29				0.29		
19			0.20				0.20		
20			0.17				0.17		
21			0.23				0.23		
22			0.13				0.13		
23			0.40				0.40		
24			0.56				0.56		
25			0.36				0.36		
26			0.35				0.35		
27			0.18				0.18		
28			0.27				0.27		
29									
30									
31									
<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>				<b>Monthly Summary (Answer Yes or No)</b>					
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>				<b>Yes</b>	CT's met everyday? (see back)		All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?		
All daily turbidity readings ≤ 5 NTU?				<b>Yes</b>	<b>Yes</b>		<b>Yes</b>		
<b>Notes:</b>				<b>PRINTED NAME: Shauna Danielson</b>					
				<b>SIGNATURE: Shauna Danielson</b>				<b>DATE: 3/10/26</b>	
				<b>PHONE #: ( 541 ) 572-5307</b>				<b>CERT #: N/A</b>	
<sup>1</sup> 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. <sup>2</sup> Filtered systems only.									
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<b>OHA - Drinking Water Services - Surface Water Quality Data Form</b>							<b>WTP- :</b>		
<b>System Name:</b>	<b>Camp Myrtlewood</b>	<b>ID#: 41</b>	<b>90861</b>	<b>Month/Year:</b>	<b>Feb 26</b>	<b>Disinfection <i>Giardia</i> Log Inactiv:</b>		<b>1.0</b>	

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1	1.38	43	59.3	12.0	8.38	57.5	YES	0.028
2	1.5	43	64.5	10.9	8.37	62.6	YES	0.035
3	1.51	43	64.9	12.1	8.35	57.3	YES	0.021
4	1.41	43	60.6	13.8	8.31	50.1	YES	0.035
5	1.15	43	49.5	14.3	8.34	47.6	YES	0.049
6	1.42	43	61.1	13.8	8.36	51.1	YES	0.069
7	1.17	43	50.3	14.8	8.40	47.2	YES	0.069
8	1.25	43	53.8	13.9	8.40	50.5	YES	0.049
9	1.37	43	58.9	12.6	8.42	56.2	YES	0.028
OFF		43						
OFF		43						
12	1.5	43	64.5	11.5	8.50	63.0	YES	0.028
13	1.53	43	65.8	13.7	8.30	51.0	YES	0.042
14	1.36	43	58.5	14.1	8.33	49.2	YES	0.042
15	1.27	43	54.6	14.3	8.36	48.6	YES	0.021
16	1.41	43	60.6	11.7	8.45	60.4	YES	0.021
17	1.67	43	71.8	9.7	8.42	70.6	YES	0.049
18	1.74	43	74.8	9.2	8.38	72.6	YES	0.014
19	1.75	43	75.3	10.8	8.35	64.4	YES	0.021
20	1.44	43	61.9	11.9	8.35	57.7	YES	0.028
21	1.56	43	67.1	13.6	8.35	52.4	YES	0.056
22	1.51	43	64.9	13.7	8.40	52.7	YES	0.049
23	1.53	43	65.8	14.2	8.30	49.3	YES	0.021
24	1.13	43	48.6	15.9	8.39	43.5	YES	0.021
25	1.41	43	60.6	14.7	8.43	49.4	YES	0.007
26	1.28	43	55.0	13.3	8.36	52.0	YES	0.035
27	1.14	43	49.0	14.9	8.41	46.9	YES	0.021
28	1.42	43	61.1	13.7	8.39	52.0	YES	0.021
29								
30								
31								

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised November 2022

**Return by 10th of following month by email, fax, or mail to:**  
[dwp.dmce@oha.oregon.gov](mailto:dwp.dmce@oha.oregon.gov); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350