

OHA - Drinking Water Services - Surface Water Quality Data Form							County:	Coos	
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems							Month/Year:	3/26	
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			0.46				0.46		
2			0.39				0.39		
3			0.37				0.37		
4			0.24				0.24		
5			0.28				0.28		
6			0.26				0.26		
7			0.26				0.26		
8			0.25				0.25		
9			0.22				0.22		
10			0.22				0.22		
11			0.20				0.20		
12			0.29				0.29		
13			0.40				0.40		
14			0.20				0.20		
15			0.20				0.20		
16			0.17				0.17		
17			0.17				0.17		
18			0.17				0.17		
19			0.16				0.16		
20			0.16				0.16		
21			0.15				0.15		
22			0.15				0.15		
23			0.15				0.15		
24			0.14				0.14		
25			0.15				0.15		
26			0.18				0.18		
27			0.17				0.17		
28			0.14				0.14		
29			0.15				0.15		
30			0.14				0.14		
31			0.14				0.14		
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 Cl ₂ 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				DATE: .4/8/2026	
				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.									
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OHA - Drinking Water Services - Surface Water Quality Data Form							WTP- :		
System Name:	Camp Myrtlewood	ID#: 41	90861	Month/Year:	March 2026	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	1.26	43	54.2	16.7	8.20	39.1	YES	0.014
2	1.5	43	64.5	14.1	8.35	50.4	YES	0.014
3	1.53	43	65.8	12.8	8.37	55.5	YES	0.014
4	1.55	43	66.7	13.1	8.46	56.3	YES	0.007
5	1.53	43	65.8	11.9	8.41	59.5	YES	0.021
6	1.61	43	69.2	11.8	8.43	60.9	YES	0.021
7	1.59	43	68.4	11.5	8.40	61.4	YES	0.021
8	1.65	43	71.0	11.8	8.39	60.3	YES	0.007
9	1.68	43	72.2	12.4	8.42	58.8	YES	0.014
10	1.79	43	77.0	12.2	8.43	60.6	YES	0.021
11	2.2	43	94.6	11.5	8.48	67.9	YES	0.021
12	2.03	43	87.3	16.0	8.36	47.3	YES	0.014
13	2.19	43	94.2	17.2	8.21	42.1	YES	0.021
14	2	43	86.0	14.1	8.32	52.7	YES	0.014
15	2	43	86.0	15.2	8.29	48.5	YES	0.021
16	2.26	43	97.2	15.3	8.32	50.1	YES	0.021
17	2.4	43	103.2	14.5	8.39	55.1	YES	0.063
18	2.5	43	107.5	13.7	8.42	59.4	YES	0.063
19	2.33	43	100.2	14.8	8.41	54.0	YES	0.063
20	2.31	43	99.3	15.1	8.43	53.2	YES	0.083
21	2.29	43	98.5	15.4	8.44	52.2	YES	0.035
22	2	43	86.0	15.3	8.44	50.9	YES	0.05
23	1.84	43	79.1	14.6	8.44	52.3	YES	0.097
24	1.77	43	76.1	15.4	8.43	49.1	YES	0.0167
25	1.62	43	69.7	14.9	8.43	49.9	YES	0.132
26	1.69	43	72.7	14.5	8.37	50.5	YES	0.032
27	1.64	43	70.5	17.1	8.34	41.8	YES	0.097
28	2.08	43	89.4	13.5	8.34	55.7	YES	0.097
29	1.47	43	63.2	14.7	8.44	49.9	YES	0.035
30	1.4	43	60.2	15.2	8.34	46.1	YES	0.083
31	1.64	43	70.5	15.9	8.41	46.4	YES	0.0665

³ If Cl₂ 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; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350