

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year: March 2021

System Name: <u>Camp Baker BSA</u>		ID# <u>41 91786</u>		WTP ID:		
DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day ¹ [NTU]
1	38	39	(1)	25		.45
2	38	39	(1)	25		.51
3	38	38	∅	25		.23
4	40	40	∅	25		.42
5	46	47	(1)	25		.40
6	40	41	(1)	25		.29
7	39	39	∅	25		.56
8	43	43	∅	25		.21
9	33	33	∅	25		.34
10	36	37	(1)	25		.65
11	34	35	(1)	25		.40
12	39	39	∅	25		.49
13	32	33	(1)	25		.14
14	39	39	∅	25		.49
15	36	36	∅	25		.65
16	46	46	∅	25		.50
17	40	41	(1)	25		.45
18	35	35	∅	25		.24
19	42	43	(1)	25		.30
20	39	40	(1)	25		.46
21	41	42	(1)	25		.56
22	35	36	(1)	25		.23
23	35	36	(1)	25		.32
24	40	40	(∅)	25		.89
25	39	40	(1)	25		.71
26	40	41	(1)	25		.44
27	34	34	∅	25		.40
28	34	35	(1)	25		.39
29	40	40	∅	25		.37
30	40	40	∅	25		.36
31	38	38	∅	25		.47

320P
110P
12P
525P
1210P
245P
650P
305P
730P
1230P
140P
745A
440P
1110A
535P
1230P
250P
540P
840A
625P
335P
540P
555P
430P
1245P
11A
745A
2P
1255P
1030A
910A

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<u>Yes</u> / No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<u>Yes</u> / No	<u>Yes</u> / No	<u>Yes</u> / No
Notes: PSI = pounds per square inch PSID = pounds per square inch difference (before filter - after filter) PSID When to Change Filter = Manufacturer's recommendation; may need to look in manual for manufacturer's specifications when to change the filter, at what PSID.		PRINTED NAME: <u>Sten Anderson</u>	DATE: <u>3-31-21</u>
		SIGNATURE: <u>[Signature]</u>	CERT #: <u>N/A</u>
		PHONE #: <u>(541) 997-3526</u>	

¹ Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity Reading" Column may not correspond to continuous readings' maximum.

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: **Camp Baker B.S.A** ID #41: **91786** WTP-: **March** Month/Year: **March**

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ²	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ²	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[°C]		Use tables	Yes / No	[GPM]
1/	1.05	45	47.25	15.6	6.9	25	Y	12.1
2/	.97	45	43.65	15.7	7.0	25	Y	12.1
3/	1.10	45	49.5	15.6	6.7	25	Y	12.1
4/	.98	45	44.1	15.5	6.8	25	Y	12.1
5/	1.01	45	45.45	15.5	6.1	21	Y	12.1
6/	2.50	45	112.5	14.4	6.7	44	Y	12.1
7/	2.04	45	91.8	12.2	6.3	35	Y	12.1
8/	1.89	45	85.05	14.3	6.8	41	Y	12.1
9/	1.37	45	61.65	12.4	6.6	39	Y	12.1
10/	.81	45	36.45	15.1	6.6	25	Y	12.1
11/	.93	45	41.85	15.0	6.5	21	Y	12.1
12/	.79	45	35.55	13.0	6.2	31	Y	12.1
13/	1.02	45	45.90	13.3	6.1	32	Y	12.1
14/	.86	45	38.7	13.7	6.9	37	Y	12.1
15/	.78	45	35.1	15.2	6.8	24	Y	12.1
16/	.91	45	40.95	13.5	6.0	26	Y	12.1
17/	.83	45	37.35	14.2	6.7	37	Y	12.1
18/	2.50	45	112.50	13.6	6.6	44	Y	12.1
19/	2.50	45	112.50	14.4	6.6	44	Y	12.1
20/	1.08	45	48.6	15.2	6.6	25	Y	12.1
21/	.80	45	36.0	14.1	6.1	31	Y	12.1
22/	.77	45	34.65	14.6	6.5	31	Y	12.1
23/	.91	45	40.95	14.7	6.7	37	Y	12.1
24/	1.02	45	45.9	14.6	6.9	38	Y	12.1
25/	1.04	45	46.8	14.6	7.2	46	Y	12.1
26/	.88	45	39.6	12.0	6.7	37	Y	12.1
27/	.90	45	40.5	14.5	6.7	37	Y	12.1
28/	.64	45	28.8	15.4	6.3	20	Y	12.1
29/	2.38	45	107.10	14.3	6.4	36	Y	12.1
30/	2.18	45	98.10	14.6	6.9	42	Y	12.1
31/	1.69	45	76.05	12.8	6.7	41	Y	12.1

added 1 cup chlorine per tank →

added 1 cup chlorine per tank →

added 1 cup chlorine per tank →

320
1100
120
525
1210
245
650
305
730
1230
140
745
440
1110
535
1230
250
540
840
625
335
540
550
430
1215
110
745
20
1235
1030
910
A

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours. Revised October 2013
Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf