

OHA - Drinking Water Services - Turbidity Monitoring Report Form
Cartridge or Bag Filtration

County: Lane
 Month/Year: June 2021

System Name:		ID# 41 - 91786			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	50	49	1	25		.17
2	46	44	2	25		.14
3	42	40	2	25		.36
4	46	45	1	25		.41
5	44	42	2	25		.33
6	44	42	2	25		.37
7	45	43	2	25		.08
8	43	40	3	25		.33
9	47	44	3	25		.21
10	46	43	3	25		.29
11	43	40	3	25		.40
12	51	47	4	25		.36
13	46	43	3	25		.34
14	54	50	4	25		.09
15	56	51	5	25		.55
16	62	56	6	25		.41
17	47	43	4	25		.40
18	47	43	4	25		.87
19	44	40	4	25		.59
20	44	40	4	25		.16
21	47	42	5	25		.42
22	44	39	5	25		.32
23	54	48	6	25		.01
24	50	44	6	25		.33
25	49	44	5	25		.26
26	47	42	5	25		.24
27	58	48	10	25		.32
28	46	41	5	25		.32
29	48	41	7	25		.71
30	44	36	8	25		.43
31						

710 A
 555 A
 130 A
 905 A
 730 A
 1235 P
 120 P
 725 A
 725 A
 820 A
 2 P
 235 P
 225 P
 915 A
 335 A
 755 A
 10 A
 725 A
 640 P
 355 P
 1055 A
 1115 A
 1255 P
 840 P
 930 A
 855 A
 1215 P
 1040 A
 140 P
 1035 A

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<u>Yes</u> / No <u>Yes</u> / No	CT's met everyday? (see back) <u>Yes</u> / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <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>6-30-21</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-: **Month/Year: June 2021**

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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/	.79	45	35.55	15.7	6.2	20	Y	12.1
2/	.70	45	31.50	16.4	6.4	20	Y	12.1
3/	.58	45	26.10	16.4	6.2	20	Y	12.1
4/	.89	45	40.05	16.0	6.5	21	Y	12.1
5/	.92	45	41.40	15.9	6.1	21	Y	12.1
6/	2.50	45	112.50	15.5	6.2	24	Y	12.1
7/	2.01	45	90.45	16.1	6.3	23	Y	12.1
8/	1.82	45	81.9	15.8	5.9	19	Y	12.1
9/	1.14	45	51.3	15.6	6.0	18	Y	12.1
10/	1.02	45	45.9	15.8	5.9	18	Y	12.1
11/	.73	45	32.85	16.5	6.2	20	Y	12.1
12/	.86	45	38.70	16.9	6.4	21	Y	12.1
13/	.82	45	36.90	15.9	6.0	18	Y	12.1
14/	.78	45	35.10	16.1	5.8	17	Y	12.1
15/	1.81	45	81.45	16.9	6.7	28	Y	12.1
16/	1.90	45	85.50	17.7	6.6	28	Y	12.1
17/	.69	45	31.05	15.8	6.1	20	Y	12.1
18/	.96	45	43.20	15.8	6.2	21	Y	12.1
19/	.61	45	27.45	16.5	6.1	20	Y	12.1
20/	.66	45	29.70	16.1	6.1	20	Y	12.1
21/	.71	45	31.95	16.9	6.5	20	Y	12.1
22/	1.21	45	54.45	16.5	6.6	26	Y	12.1
23/	1.20	45	54.0	16.8	5.8	18	Y	12.1
24/	1.72	45	77.40	17.2	6.5	23	Y	12.1
25/	2.50	45	112.50	16.4	6.8	24	Y	12.1
26/	2.50	45	112.50	16.9	6.4	24	Y	12.1
27/	2.50	45	112.50	16.8	5.9	20	Y	12.1
28/	2.50	45	112.50	16.9	6.3	24	Y	12.1
29/	2.50	45	112.50	17.1	6.8	29	Y	12.1
30/	.95	45	42.75	17.4	6.2	21	Y	12.1
31/								

added 1 cup chl. tank

added 1/2 cup chl. tank

710 A
555
130 A
905 A
730
123
120
725
725 A
820
2A
235p
225
915 A
335
755
104
785
640
355
1055
1115
125
840
930
855
1215
104
140
103
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