

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year: August 2021

System Name: Camp Baker BSA 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	48	30	18	25		.42
2	40	25	15	25		.26
3	40	23	17	25		.05
4	39	23	16	25		.35
5	35	19	16	25		.43
6	33	18	15	25		.37
7	28	14	14	25		.09
8	22	9	13	25		.08
9	38	12	26	25		.32
10	53	56	(3)	25		.15
11	51	54	(2)	25		.74
12	43	45	(2)	25		.45
13	52	52	0	25		.22
14	52	51	1	25		.20
15	38	36	2	25		.44
16	35	32	3	25		.23
17	32	28	4	25		.68
18	25	20	5	25		.02
19	25	20	5	25		.49
20	10	9	1	25		.14
21	42	39	3	25		.30
22	46	25	21	25		.20
23	51	24	27	25		.53
24	49	52	(3)	25		.03
25	43	46	(3)	25		.47
26	40	43	(3)	25		.87
27	37	40	(3)	25		.80
28	30	(33)	(3)	25		.65
29	15	(18)	(3)	25		.36
30	54	57	(3)	25		.23
31	47	50	(3)	25		.72

changed 5 micron filter
changed 1 micron filter

1220 P
115 P
12 P
340 PM
1005 A
925 A
1150 A
935 A
910 A
120 P
325 P
955 A
650 P
625 P
2 P
1135 A
1010 A
1225 P
1110 A
730 P
705 P
10 A
1015 A
1130 A
730 P
1030 A
940 A
1040 A
1150 A
1145 A
630 P

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>Stan Anderson</u>	
		SIGNATURE: <u>[Signature]</u>	DATE: <u>8-31-21</u>
		PHONE #: <u>(541) 997-3526</u>	CERT #: <u>N/A</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: **August 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/	2.50	45	112.50	17.7	7.1	36	y	12.1
2/	2.50	45	112.50	18.3	7.2	36	y	12.1
3/	2.50	45	112.50	18.0	7.2	36	y	12.1
4/	2.50	45	112.50	18.4	7.1	36	y	12.1
5/	2.50	45	112.50	17.6	7.0	29	y	12.1
6/	1.48	45	66.60	17.7	6.8	26	y	12.1
7/	2.50	45	112.50	18.1	7.0	29	y	12.1
8/	2.50	45	112.50	17.7	7.1	36	y	12.1
9/	.83	45	37.35	17.8	6.6	25	y	12.1
10/	.69	45	31.05	18.4	6.5	20	y	12.1
11/	.60	45	27.0	19.4	6.7	24	y	12.1
12/	2.29	45	103.05	18.3	6.1	24	y	12.1
13/	.98	45	44.10	19.3	6.4	21	y	12.1
14/	.89	45	40.05	18.9	6.3	21	y	12.1
15/	2.05	45	92.25	18.8	7.1	34	y	12.1
16/	2.50	45	112.50	18.5	7.0	29	y	12.1
17/	1.93	45	86.85	18.3	6.9	28	y	12.1
18/	.92	45	41.40	18.7	6.1	21	y	12.1
19/	.78	45	35.10	17.8	6.4	20	y	12.1
20/	2.45	45	110.25	18.9	7.1	36	y	12.1
21/	2.20	45	99.0	17.2	7.1	34	y	12.1
22/	1.29	45	58.05	18.0	7.0	26	y	12.1
23/	.98	45	44.10	18.6	6.7	25	y	12.1
24/	.73	45	32.85	17.8	6.6	24	y	12.1
25/	1.11	45	49.95	17.7	6.5	21	y	12.1
26/	1.87	45	84.15	18.4	7.3	33	y	12.1
27/	1.12	45	50.4	18.7	6.6	25	y	12.1
28/	1.63	45	73.35	18.6	7.1	33	y	12.1
29/	1.52	45	68.40	18.5	7.4	32	y	12.1
30/	.88	45	39.60	17.9	6.9	25	y	12.1
31/	1.84	45	82.80	18.1	7.3	33	y	12.1

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