

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: June

Cartridge or Bag Filtration

Month/Year: Nov 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	38	39	(1)	25		.22
2	44	45	(1)	25		.21
3	36	37	(1)	25		.24
4	49	49	0	25		.75
5	46	48	(2)	25		.48
6	47	47	0	25		.57
7	44	45	(1)	25		.12
8	36	37	(1)	25		.09
9	48	49	(1)	25		.53
10	49	50	(1)	25		.07
11	49	50	(1)	25		.15
12	48	49	(1)	25		.01
13	43	44	(1)	25		.11
14	44	45	(1)	25		.32
15	44	45	(1)	25		.01
16	48	50	(2)	25		.16
17	48	50	(2)	25		.08
18	48	50	(2)	25		.22
19	44	46	(2)	25		.13
20	44	46	(2)	25		.24
21	40	42	(2)	25		.38
22	42	43	(1)	25		.44
23	44	46	(2)	25		.30
24	39	40	(1)	25		.15
25	48	49	(1)	25		.29
26	44	46	(2)	25		.34
27	38	40	(2)	25		.42
28	46	47	(1)	25		.17
29	38	(40)	(2)	25		.71
30	42	43	(1)	25		.28
31						

105P
115P
650P
645P
1030A
605P
330P
1055A
1050A
615P
1030A
915A
1P
910A
4P
1030A
830A
9AM
1010A
225P
910A
305P
105P
1235P
420P
210P
1105A
450P
1155A
520P

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	Yes / No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back) Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? Yes / 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>		DATE: <u>11-30-21</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: **Nov 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]	C X T	[°C]		Use tables	Yes / No	[GPM]
11	1.12	45	50.40	15.4	4.6	18	y	12.1
21	1.18	45	53.10	15.0	4.5	18	y	12.1
31	1.57	45	70.65	14.3	5.3	28	y	12.1
41	2.02	45	90.90	15.3	5.2	20	y	12.1
51	1.05	45	47.25	15.1	4.7	18	y	12.1
61	.86	45	38.70	15.2	4.8	18	y	12.1
71	2.26	45	101.70	13.8	5.5	30	y	12.1
81	.75	45	33.75	14.1	5.3	26	y	12.1
91	.74	45	33.30	14.0	5.0	26	y	12.1
101	.65	45	29.25	13.8	5.0	26	y	12.1
111	1.73	45	77.85	14.7	5.6	29	y	12.1
121	.52	45	23.40	15.1	4.9	17	y	12.1
131	.60	45	27.0	15.7	4.9	17	y	12.1
141	.57	45	25.65	15.4	4.8	17	y	12.1
151	.68	45	30.60	15.0	4.8	17	y	12.1
161	.90	45	40.50	14.4	5.3	26	y	12.1
171	.61	45	27.45	14.0	5.3	26	y	12.1
181	.68	45	30.60	13.9	4.9	26	y	12.1
191	.98	45	44.10	16.8	4.7	18	y	12.1
201	2.50	45	112.50	15.5	4.7	20	y	12.1
211	2.50	45	112.50	14.8	4.8	31	y	12.1
221	2.50	45	112.50	13.6	5.1	31	y	12.1
231	2.50	45	112.50	12.9	5.7	31	y	12.1
241	1.41	45	63.45	13.0	6.2	33	y	12.1
251	.66	45	29.70	13.3	5.9	26	y	12.1
261	2.50	45	112.50	12.7	6.4	37	y	12.1
271	1.66	45	74.70	13.5	6.1	34	y	12.1
281	1.48	45	66.60	14.8	6.3	28	y	12.1
291	2.14	45	96.3	14.0	6.4	35	y	12.1
301	2.50	45	112.50	13.5	6.5	37	y	12.1
311								

1057
1157
657
645
1030
605
3302
1055
1052
615
1030
915A
1P
910A
24A
1030A
830A
910
1010
220
910
305
1057
1235
420
210
1105
450
1155
520

Changed chlorine injector from 1 sec @ 40% to 5 sec @ 30%

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