

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

County: Lane  
 Month/Year: Dec. 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 <sup>1</sup> [NTU]
1	44	46	(2)	25		.08
2	41	42	(1)			.32
3	44	46	(2)			.08
4	43	46	(3)			.24
5	42	44	(2)			.19
6	42	44	(2)			.50
7						
8	camp closed family emergency					
9						
10						
11						
12						
13						
14						
15						
16						
17						
18	camp closed vacation					
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

715 A  
 855 P  
 1150 A  
 1015 A  
 430 P  
 1215 P

<b>Cartridge Filtration Monthly Summary</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> 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>1/2/2022</u>
		PHONE #: <u>(541) 997-3526</u>	CERT #: <u>N/A</u>

<sup>1</sup> Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity Reading" Column may not correspond to continuous readings' maximum.  
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# OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: **Camp Baker B.S.A** ID #41: **91786** WTP-: \_\_\_\_\_ Month/Year: **December 2021**

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[°C]		Use tables	Yes / No	[GPM]
1/	2.50	45	112.50	13.5	6.1	37	Y	12.1
2/	2.50		112.50	12.8	6.2	37	Y	
3/	2.50		112.50	13.3	6.4	37	Y	
4/	2.50		112.50	14.9	5.6	31	Y	
5/	2.50		112.50	13.7	6.0	31	Y	
6/	2.50		112.50	15.3	6.3	24	Y	
7/								
8/								
9/	Camp closed - family emergency							
10/								
11/								
12/								
13/								
14/								
15/								
16/								
17/	Camp closed via station							
18/								
19/								
20/								
21/								
22/								
23/								
24/								
25/								
26/								
27/								
28/								
29/								
30/								
31/								

7:5 A  
8:5 A  
11:50 A  
10:15 A  
4:30 P  
12:15 P

<sup>2</sup> If Cl<sub>2</sub> 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](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)