

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lene

Cartridge or Bag Filtration

Month/Year: Feb 2022

System Name: Camp Baker BSA ID# 41-91786 WTP ID: -

Replaced main water meter

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	36	37	(1)	25		37
2	30	26	4			.03
3	35	32	3			.22
4	27	24	3			.40
5	29	26	3			.16
6	34	31	3			.31
7	27	25	2			.59
8	26	25	3			.45
9	28	25	3			.55
10	26	24	2			.23
11	30	27	3			.25
12	25	23	2			.13
13	31	29	2			.11
14	39	37	2			.11
15	38	37	1			.14
16	35	34	1			.14
17	27	22	5			.20
18	33	27	6			.38
19	38	32	6			.30
20	27	24	3			.09
21	31	27	4			.14
22	29	26	3			.23
23	35	31	4			.35
24	35	32	3			.37
25	35	32	3			.25
26	32	29	3			.31
27	35	30	5			.23
28	35	30	5			.18
29						
30						
31						

945 A  
1115 A  
550 P  
355 P  
530 P  
450 P  
1 P  
145 P  
1115 A  
325 P  
1155 A  
4 P  
1255 P  
1135 A  
715 P  
245 P  
530 P  
1205 P  
945 A  
240 P  
730 A  
635 P  
1150 A  
1225 P  
850 A  
1220 P  
120 P  
440 P

<b>Cartridge Filtration Monthly Summary</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU?	<u>Yes</u> / 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?	<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> SIGNATURE: <u>[Signature]</u> DATE: <u>2-28-22</u> PHONE #: <u>(541) 997-3526</u> CERT #: <u>-</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.

# OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: **Camp Baker B.S.A** ID #41: **91786** WTP: Month/Year: **Feb. 2022**

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/	1.75	45	78.75	10.1	5.9	29	y	120
2/	2.50		112.50	11.5	5.9	31	y	
3/	2.50		112.50	10.8	6.0	31	y	
4/	2.50		112.50	11.9	6.0	31	y	
5/	2.50		112.50	10.4	5.6	31	y	
6/	2.50		112.50	12.6	6.1	37	y	
7/	2.50		112.50	10.7	6.1	37	y	
8/	2.50		112.50	11.8	6.0	31	y	
9/	2.50		112.50	11.3	6.0	31	y	
10/	2.50		112.50	12.1	5.9	31	y	
11/	2.50		112.50	12.1	5.7	31	y	
12/	2.50		112.50	13.8	6.1	37	y	
13/	2.50		112.50	11.4	6.1	37	y	
14/	2.50		112.50	12.5	6.1	37	y	
15/	2.50		112.50	11.9	5.7	31	y	
16/	2.50		112.50	11.8	6.0	31	y	
17/	2.50		112.50	12.7	6.2	37	y	
18/	1.49		67.05	12.2	6.2	33	y	
19/	2.50		112.50	12.7	5.9	31	y	
20/	2.50		112.50	12.6	6.2	37	y	
21/	2.50		112.50	12.0	5.9	31	y	
22/	1.39		62.55	11.8	5.9	27	y	
23/	2.50		112.50	11.6	5.6	31	y	
24/	2.50		112.50	10.7	5.9	31	y	
25/	.85		38.25	12.2	5.9	26	y	
26/	1.19		53.55	12.8	5.9	27	y	
27/	2.34		105.3	12.2	6.1	36	y	
28/	2.50		112.50	13.2	6.1	37	y	
29/								
30/								
31/								

Replaced main water meter

Have had water leak - system constantly refilling

945  
1105A  
550  
355  
530  
450  
1P  
145  
1115  
325  
1155  
48  
1255  
1135  
70  
245  
530  
1205  
945  
240  
730  
6  
1225  
55  
1220  
120  
449

<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)