

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lape

Cartridge or Bag Filtration

Month/Year: Apr/2022

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	40	37	3	25		.49
2	40	38	2			.25
3	37	34	3			.27
4	37	35	2			.30
5	27	25	2			.29
6	33	31	2			.29
7	26	25	1			.38
8	33	31	2			.39
9	31	29	2			.74
10	34	31	3			.28
11	36	34	2			.41
12	31	30	1			.32
13	26	25	1			.80
14	31	30	1			.28
15	32	30	2			.20
16	35	33	2			.44
17	30	29	1			.59
18	40	38	2			.41
19	30	29	1			.35
20	33	31	2			.32
21	33	32	1			.47
22	35	33	2			.32
23	34	33	1			.43
24	32	30	2			.25
25	33	32	1			.75
26	27	26	1			.87
27	30	29	1			.28
28	30	29	1			.66
29	36	35	1			.47
30	23	23	0			.31
31						

850A  
720A  
455P  
1P  
850A  
935A  
830A  
3P  
10A  
1145A  
930A  
840A  
955A  
1015A  
1250P  
150P  
1205P  
805A  
915A  
440A  
950A  
1145A  
530P  
935A  
945A  
835A  
750P  
905A  
140P  
12P

<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>	DATE: <u>4-30-22</u>
		SIGNATURE: <u>[Signature]</u>	CERT #: <u>N/A</u>
		PHONE #: <u>(541) 997-3526</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: **April 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/	72	45	324	14.4	5.7	26	y	12.1
2/	2.02		90.9	14.2	6.1	35	y	
3/	1.34		60.3	12.9	6.1	33	y	
4/	1.72		77.4	13.0	5.7	29	y	
5/	.87		39.15	15.0	6.0	18	y	
6/	1.05		47.25	14.5	6.2	32	y	
7/	1.05		47.25	14.5	5.9	27	y	
8/	2.50		112.50	14.1	6.0	31	y	
9/	1.33		59.85	14.4	6.1	33	y	
10/	2.50		112.50	13.6	5.9	31	y	
11/	2.50		112.50	14.7	5.8	30	y	
12/	6.54		69.3	16.7	5.7	19	y	
13/	2.34		105.3	15.6	6.1	24	y	
14/	1.41		63.45	15.8	5.9	19	y	
15/	1.89		85.05	15.7	5.5	19	y	
16/	2.50		112.50	15.0	5.6	20	y	
17/	1.80		81.0	13.1	6.1	34	y	
18/	.60		27.0	13.4	5.9	25	y	
19/	2.05		92.25	15.6	5.9	20	y	
20/	.83		37.35	15.2	5.6	18	y	
21/	1.85		83.25	15.9	5.9	19	y	
22/	2.50		112.50	16.2	6.1	24	y	
23/	1.18		53.1	15.4	6.1	21	y	
24/	2.49		112.05	15.9	5.8	20	y	
25/	1.42		63.9	15.2	5.8	19	y	
26/	1.24		55.8	15.1	5.6	18	y	
27/	.90		40.5	15.3	6.0	18	y	
28/	.66		29.7	15.1	5.6	17	y	
29/	2.50		112.50	16.4	7.1	36	y	
30/	2.50		112.50	16.8	5.9	20	y	
31/								

<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)