

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year: May 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 ¹ [NTU]
1	35	34	1	25		.15
2	36	35	1			.18
3	32	31	1			.36
4	38	36	2			.39
5	37	35	2			.28
6	40	38	2			.83
7	29	28	1			.47
8	36	34	2			.17
9	32	30	2			.03
10	31	30	1			.30
11	30	29	1			.34
12	33	32	1			.14
13	35	34	1			.19
14	29	28	1			.47
15	36	35	1			.05
16	38	36	2			.02
17	30	30	0			.14
18	33	32	1			.19
19	34	32	2			.20
20	36	35	1			.34
21	35	33	2			.31
22	30	30	0			.68
23	38	35	3			.29
24	31	30	1			.08
25	36	35	1			.07
26	36	35	1			.38
27	37	36	1			.19
28	30	25	5			.62
29	31	24	7			.20
30	27	22	5			.26
31	25	21	4			.22

1 Pm
105P
1105A
810 A
305P
11A
4P
1140A
1035 A
7P
12P
1055A
135P
945A
1010 A
945A
930A
1115A
930A
715 A
720P
515P
1050A
705 A
10A
820A
340P
610 P
755A
1105 A
1130A

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl ₂ 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>5/31/22</u>
		PHONE #: <u>(541) 997-3526</u>	CERT #: <u>—</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: **May 2022**

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	1.80	45	81.0	14.5	5.5	29	y	12.1
21	1.27		57.15	13.8	5.6	27	y	
31	.84		37.80	13.1	6.2	31	y	
41	2.35		105.75	12.7	6.0	30	y	
51	2.07		93.15	12.5	5.8	30	y	
61	2.02		90.9	13.2	5.6	30	y	
71	2.45		110.25	14.6	5.8	31	y	
81	2.13		95.85	15.3	5.7	20	y	
91	.75		33.75	13.6	5.7	26	y	
101	.97		43.65	13.6	5.8	26	y	
111	1.49		67.05	15.6	5.8	19	y	
121	1.75		78.75	13.9	6.0	29	y	
131	.91		40.95	15.2	5.9	18	y	
141	.99		44.55	14.0	6.0	26	y	
151	.89		40.05	15.0	5.8	18	y	
161	.99		44.55	15.1	5.6	18	y	
171	.86		38.7	14.2	5.2	26	y	
181	.81		36.45	14.5	5.6	26	y	
191	1.79		80.55	14.7	6.0	29	y	
201	.99		44.55	15.2	5.5	18	y	
211	2.23		100.35	15.4	5.8	20	y	
221	2.27		102.15	15.0	5.6	20	y	
231	1.89		85.05	15.0	5.6	19	y	
241	1.99		89.55	14.1	6.0	29	y	
251	1.17		52.65	15.1	5.5	18	y	
261	1.54		69.3	15.3	5.6	19	y	
271	2.00		90.0	16.0	5.9	19	y	
281	.83		37.35	14.6	5.9	26	y	
291	1.55		69.75	14.9	5.6	28	y	
301	.86		38.7	14.9	5.7	26	y	
311	2.19		98.55	14.7	6.0	30	y	

1P
 105F
 110S
 810A
 305F
 11A
 4P
 11L
 1075F
 7P
 12P
 1055F
 135F
 945F
 1012F
 845F
 930F
 1115F
 930F
 715F
 720F
 515F
 1050F
 725F
 104F
 920F
 390F
 610F
 755F
 1105F
 1130F

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