

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year: June 2022

System Name: Camp Baker ASA 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	29	25	4	25		.20
2	33	28	5			.13
3	34	29	5			.68
4	34	29	5			.33
5	34	30	4			.72
6	34	30	4			.23
7	27	24	3			.37
8	29	26	3			.69
9	34	30	4			.61
10	33	30	3			.40
11	34	30	4			.43
12	27	25	2			.37
13	34	30	4			.39
14	33	29	4			.42
15	34	30	4			.01
16	34	30	4			.30
17	36	33	5			.48
18	32	29	3			.34
19	34	30	4			.27
20	29	26	3			.77
21	34	30	4			.40
22	33	30	3			.55
23	25	23	2			.56
24	27	23	4			.32
25	23	21	2			.64
26	28	25	3			.20
27	24	22	2			.32
28	28	25	3			.43
29	28	26	2			.17
30	28	25	3			.03
31						

945 A
1220 P
1210 P
835 A
115 A
1045 A
445 A
330 P
1205 P
1130 A
1040 A
1145 A
120 P
8 A
805 A
850 P
1005 A
840 P
305 P
925 A
840 A
850 A
315 P
1130 A
1155 A
1045 A
855 A
950 A
1010 A
840 P

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes / No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes / No	Yes / No	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>	
		SIGNATURE: <u>[Signature]</u>	DATE: <u>6-30-22</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: **June 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]
1/	2.31	45	103.95	14.9	6.3	36	y	12.1
2/	1.60		72.0	16.1	6.3	22	y	
3/	1.85		83.25	16.9	5.8	19	y	
4/	.69		31.05	16.3	5.9	17	y	
5/	1.29		58.05	15.7	5.9	18	y	
6/	.72		32.40	15.6	5.8	17	y	
7/	1.79		80.55	15.9	6.1	23	y	
8/	2.02		90.90	16.2	6.2	23	y	
9/	1.13		50.85	16.0	6.2	21	y	
10/	1.24		55.80	16.6	6.5	22	y	
11/	1.03		46.35	16.3	6.2	21	y	
12/	1.88		84.60	15.8	6.3	23	y	
13/	1.42		63.90	16.2	6.7	26	y	
14/	1.44		64.80	15.5	6.2	22	y	
15/	2.15		96.75	15.5	6.4	23	y	
16/	.67		30.15	15.8	6.5	20	y	
17/	2.44		109.80	16.6	6.5	24	y	
18/	1.26		56.70	15.2	6.5	22	y	
19/	2.18		98.10	16.3	6.6	28	y	
20/	2.08		93.60	16.1	6.3	23	y	
21/	.67		30.15	16.4	6.2	20	y	
22/	1.84		82.80	16.0	6.4	23	y	
23/	2.16		97.20	16.6	6.2	23	y	
24/	2.01		90.45	15.7	5.8	20	y	
25/	2.50		112.50	16.4	5.9	20	y	
26/	2.50		112.50	17.0	6.1	24	y	
27/	1.92		86.4	16.1	6.2	23	y	
28/	1.98		89.1	16.7	6.4	23	y	
29/	2.12		95.4	16.8	6.0	20	y	
30/	2.50		112.50	17.0	5.9	20	y	
31/								

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840
30
425
840A
850A
315
1130
1155
1045
855
450
700
840

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