

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lzrne

Cartridge or Bag Filtration

Month/Year: Sept 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	27	24	3	25		.90
2	27	23	4			.77
3	29	24	5			.34
4	31	24	7			.71
5	25	20	5			.47
6	27	21	6			.48
7	27	20	7			.97
8	27	19	8			.56
9	30	19	11			.40
10	30	18	12			.33
11	22	15	7			.64
12	25	17	8			.26
13	36	22	14			.10
14	26	18	8			.08
15	27	18	9			.74
16	28	18	10			.80
17	21	15	6			.64
18	20	13	7			.37
19	27	16	11			.38
20	27	17	10			.53
21	28	17	11			.78
22	30	17	13			.89
23	29	17	12			.38
24	28	14	14			.42
25	30	16	14			.43
26	35	19	16			.35
27	27	15	12			.27
28	23	13	10			.65
29	28	16	12			.31
30	28	15	13			.30
31						

1105 A  
1015 A  
320 P  
550 P  
955 A  
1 P  
1210 P  
310 P  
330 P  
240 P  
450 P  
1025 A  
920 A  
535 P  
320 P  
715 A  
1120 A  
1015 A  
1230 P  
655 P  
1030 A  
930 A  
1040 A  
920 A  
430 P  
10 A  
1155 A  
1155 A  
505 P  
345 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 <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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>9-30-22</u>
		PHONE #: <u>(541) 997-3526</u>	CERT #: <u>—</u>

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: **Sept. 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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/	2.50	45	112.50	18.3	6.2	24	y	12.1
2/	1.16		52.20	18.5	5.7	18	y	
3/	2.50		112.50	19.0	6.5	24	y	
4/	2.50		112.50	19.4	6.3	24	y	
5/	2.50		112.50	19.0	6.2	24	y	
6/	2.50		112.50	18.8	6.2	24	y	
7/	1.16		52.20	19.1	5.8	18	y	
8/	1.98		89.10	18.4	6.0	19	y	
9/	2.50		112.50	18.9	6.2	24	y	
10/	2.50		112.50	18.9	6.4	24	y	
11/	2.50		112.50	18.6	6.7	29	y	
12/	2.50		112.50	18.9	6.9	29	y	
13/	2.50		112.50	18.7	6.4	24	y	
14/	2.50		112.50	19.2	6.4	24	y	
15/	2.07		93.15	18.4	6.3	23	y	
16/	2.50		112.50	17.7	6.4	24	y	
17/	2.50		112.50	18.2	6.4	24	y	
18/	2.50		112.50	18.2	6.5	24	y	
19/	2.50		112.50	18.1	7.2	36	y	
20/	2.50		112.50	18.0	7.3	36	y	
21/	2.11		94.95	17.1	6.7	28	y	
22/	2.50		112.50	17.9	6.5	24	y	
23/	1.73		55.35	18.0	5.9	18	y	
24/	2.50		112.50	18.2	6.0	20	y	
25/	1.15		51.75	18.8	6.4	21	y	
26/	2.50		112.50	17.9	6.1	24	y	
27/	1.22		54.90	18.1	5.9	18	y	
28/	1.36		61.20	17.4	5.5	18	y	
29/	1.37		61.65	17.1	6.1	22	y	
30/	2.50		112.50	17.3	6.0	20	y	
31/								

1105  
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<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)