

OHA - Drinking Water Services - Turbidity Monitoring Report Form
Cartridge or Bag Filtration

County: Lane
 Month/Year: Jan. 2023

System Name: ID# 41 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	33	36	(3)	25		.23
2	27	31	(4)			.66
3	34	37	(3)			.35
4	24	27	(3)			.31
5	34	37	(3)			.32
6	31	34	(3)			.52
7	24	28	(4)			.42
8	32	35	(3)			.83
9	37	40	(3)			.47
10	30	33	(3)			.36
11	31	34	(3)			.39
12	32	35	(3)			.19
13	32	36	(4)			.14
14	33	37	(4)			.09
15	35	39	(4)			.27
16	37	40	(3)			.13
17	34	37	(3)			.43
18	31	34	(3)			.26
19	36	39	(3)			.23
20	26	30	(4)			.93
21	32	35	(3)			.17
22	26	30	(4)			.11
23	31	35	(4)			.47
24	33	36	(3)			.53
25	27	31	(4)			.71
26	24	28	(4)			.23
27	32	36	(4)			.38
28	32	36	(4)			.22
29	35	39	(4)			.48
30	33	36	(3)			.26
31	33	36	(3)			.39

350P
 1Pm
 520P
 1250P
 1215P
 12P
 250P
 320P
 1150A
 120P
 125P
 115P
 510P
 11A
 1025A
 1140A
 125P
 1240P
 1220P
 845A
 1050A
 1205P
 3P
 305P
 420P
 1115A
 210P
 550P
 1110A
 915A
 715P

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / No <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> 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>2/1/23</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.
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OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: **Camp Baker BSA** ID #41: **91786** WTP: Month/Year: **Jul. 2013**

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]	CXT	[°C]		Use tables	Yes / No	[GPM]
11	1.45	45	65.25	13.8	5.9	28	y	12.1
21	1.64		28.8	12.8	5.7	26	y	
31	1.77		34.65	11.8	5.7	26	y	
41	2.15		96.75	11.7	5.9	30	y	
51	1.86		38.7	14.2	6.3	31	y	
61	1.79		35.55	10.9	6.1	31	y	
71	1.93		41.85	12.2	6.3	31	y	
81	1.32		59.4	12.3	6.3	33	y	
91	2.50		112.50	10.6	6.5	37	y	
101	1.61		72.45	14.4	6.6	41	y	
111	1.74		33.3	12.5	6.1	31	y	
121	1.96		43.20	13.6	5.5	26	y	
131	2.50		112.50	18.1	5.9	20	y	
141	1.68		75.60	16.9	5.9	19	y	
151	2.20		99.0	13.4	6.1	35	y	
161	2.28		102.6	11.3	5.9	30	y	
171	1.37		61.65	13.1	6.2	33	y	
181	1.69		31.05	11.8	5.7	26	y	
191	1.94		42.3	12.1	6.5	31	y	
201	1.23		55.35	17.1	5.9	18	y	
211	2.50		112.50	17.4	5.8	20	y	
221	2.19		98.55	12.6	6.3	35	y	
231	2.44		109.8	14.0	5.7	31	y	
241	2.44		109.8	14.6	6.0	31	y	
251	2.02		90.9	13.5	6.4	35	y	
261	2.23		100.35	11.1	5.5	30	y	
271	2.50		112.50	17.5	6.1	24	y	
281	2.50		112.50	18.0	5.8	20	y	
291	2.50		112.50	15.1	6.0	20	y	
301	1.95		87.75	10.1	5.6	29	y	
311	1.98		89.1	14.3	5.7	29	y	

350P
1A
520P
1250P
1215P
12P
250P
320P
1150A
120P
125P
115PM
510P
1A
1025A
1140A
125P
1240P
8220P
845A
1050A
1205P
3P
305P
420P
1015A
210P
550P
1110A
915A
715P

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours.
 Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf