

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

County: Lenex
 Month/Year: Feb. 2023

System Name: Camp Baker 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	33	36	(3)	25		.40
2	29	32	(3)			.28
3	23	27	(4)			.44
4	28	32	(4)			.66
5	33	36	(3)			.37
6	33	37	(4)			.13
7	32	35	(3)			.38
8	31	34	(3)			.39
9	32	35	(3)			.23
10	31	35	(4)			.46
11	32	35	(3)			.77
12	32	36	(4)			.45
13	28	32	(4)			.21
14	32	35	(3)			.56
15	33	37	(4)			.37
16	33	37	(4)			.36
17	32	36	(4)			.45
18	22	26	(4)			.40
19	23	28	(5)			.14
20	21	25	(4)			.18
21	24	29	(5)			.42
22	30	34	(4)			.19
23	23	27	(4)			.48
24	29	32	(3)			.48
25	25	29	(4)			.25
26	24	28	(4)			.39
27	32	35	(3)			.17
28	31	35	(4)			.20
29						
30						
31						

510P
 450P
 1250P
 1030A
 305P
 120P
 255P
 125P
 605P
 935A
 1045A
 1255P
 1115A
 210P
 1255P
 1120A
 2P
 905A
 425P
 430P
 535P
 1210P
 310P
 920A
 1030A
 1215P
 145P
 125P

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 / <input type="radio"/> No <input type="radio"/> Yes / <input checked="" type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <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>2/28/23</u>
		SIGNATURE: <u>[Signature]</u>	CERT #: _____
		PHONE #: <u>(541) 997-3526</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 B.S.A** ID #41: **91786** WTP: Month/Year: **Feb. 2023**

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]
1/	1.87	45	84.15	14.2	6.2	35	y	12.1
2/	2.12		95.4	13.9	5.9	30	y	
3/	2.29		103.05	12.7	6.5	36	y	
4/	2.50		112.5	12.3	5.9	31	y	
5/	2.34		105.3	13.2	5.7	30	y	
6/	2.50		112.5	13.5	6.1	37	y	
7/	1.07		48.15	17.3	5.7	18	y	
8/	2.50		112.5	17.3	5.9	20	y	
9/	2.12		95.4	17.1	5.8	20	y	
10/	2.27		102.15	17.9	6.1	24	y	
11/	1.25		56.25	15.9	5.6	18	y	
12/	2.38		107.10	15.5	5.8	20	y	
13/	2.25		101.25	13.3	5.4	30	y	
14/	2.12		95.4	11.9	5.9	30	y	
15/	1.91		85.95	11.7	5.6	29	y	
16/	1.84		82.80	11.2	5.7	29	y	
17/	1.46		65.70	11.3	5.9	28	y	
18/	1.00		45.0	16.4	5.5	18	y	
19/	2.50		112.50	17.0	6.1	24	y	
20/	1.47		21.15	16.2	5.5	17	y	
21/	2.50		112.50	17.4	5.5	20	y	
22/	1.07		48.15	16.1	5.5	18	y	
23/	2.50		112.50	16.8	5.6	20	y	
24/	1.13		50.85	15.6	5.5	18	y	
25/	2.50		112.50	17.0	5.4	20	y	
26/	2.50		112.50	16.4	5.6	20	y	
27/	1.90		85.5	12.6	5.6	29	y	
28/	2.24		100.8	10.5	5.6	30	y	
29/								
30/								
31/								

5107
4507
1250
1030
305
120P
255P
125
605
935
1045
1235
1115
210
1255
1120
2P
905
425
430
53
1215
310
90
1030
1215
145
125P

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