

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Gene

Cartridge or Bag Filtration

Month/Year: April 2023

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	21	25	(4)	25		.23
2	27	31	(4)			.29
3	29	32	(3)			.14
4	21	25	(4)			.42
5	23	27	(4)			.23
6	21	25	(4)			.36
7	21	25	(4)			.56
8	27	30	(3)			.31
9	30	33	(3)			.32
10	24	28	(4)			.03
11	22	27	(5)			.24
12	22	26	(4)			.30
13	27	30	(3)			.43
14	30	33	(3)			.62
15	33	35	(2)			.48
16	29	32	(3)			.77
17	25	28	(3)			.58
18	27	31	(4)			.32
19	34	37	(3)			.64
20	25	29	(4)			.41
21	31	34	(3)			.08
22	28	32	(4)			.32
23	31	34	(3)			.39
24	33	36	(3)			.47
25	33	37	(4)			.22
26	26	30	(4)			.77
27	29	32	(3)			.41
28	26	29	(3)			.30
29	21	25	(4)			.29
30	29	32	(3)			.07
31						

950 A  
655 P  
1035 A  
1050 A  
1210 P  
855 P  
1035 A  
1030 A  
820 P  
1155 A  
3150  
1010 A  
12 P  
935 A  
1110 A  
355 P  
220 P  
1040 A  
1105 A  
1010 A  
830 A  
715 P  
955 A  
5 P  
240 P  
1245 P  
950 A  
925 A  
920 A

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	Yes/No <u>Yes/No</u>	CT's met everyday? (see back) <u>Yes/No</u>	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <u>Yes/No</u>
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>4-30-23</u>
	SIGNATURE: <u>[Signature]</u>		CERT #: <u>      </u>
	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.

# OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: **Camp Baker B.S.A** ID #41: **91786** WTP: Month/Year: **April 2013**

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]	C X T	[°C]		Use tables	Yes / No	[GPM]
1/	2.50	45	112.5	15.4	5.8	20	y	12.1
2/	2.50		112.5	16.1	5.7	20	y	
3/	2.50		112.5	15.6	5.9	20	y	
4/	2.50		112.5	14.8	5.6	31	y	
5/	2.19		98.55	15.2	5.5	20	y	
6/	2.50		112.5	15.8	5.6	20	y	
7/	2.50		112.5	15.6	5.8	20	y	
8/	2.50		112.5	15.7	5.3	20	y	
9/	.71		31.95	14.4	6.0	26	y	
10/	.90		40.5	14.7	5.0	26	y	
11/	2.50		112.5	16.3	5.8	20	y	
12/	2.50		112.5	14.8	5.7	31	y	
13/	2.50		112.50	14.7	5.5	31	y	
14/	2.50		112.50	14.2	5.6	31	y	
15/	2.50		112.50	14.8	5.3	31	y	
16/	2.01		90.45	14.0	5.4	30	y	
17/	1.28		57.6	11.9	5.6	27	y	
18/	2.50		112.50	13.5	5.5	31	y	
19/	2.50		112.50	13.1	6.0	37	y	
20/	2.43		109.35	12.1	5.5	31	y	
21/	2.50		112.50	14.3	5.4	31	y	
22/	2.50		112.50	14.2	5.7	31	y	
23/	2.50		112.50	14.2	5.5	31	y	
24/	2.50		112.50	13.2	6.0	31	y	
25/	2.50		112.50	13.4	5.6	31	y	
26/	2.50		112.50	13.5	5.7	31	y	
27/	2.50		112.50	12.5	5.8	31	y	
28/	1.26		56.70	14.5	6.0	27	y	
29/	2.50		112.50	15.0	5.8	20	y	
30/	1.43		64.35	13.7	5.5	28	y	
31/								

950A  
655P  
1035A  
1050A  
6210P  
455P  
1035A  
1030A  
220P  
1155A  
315P  
1010A  
12P  
935A  
1110A  
355P  
220P  
1040A  
1105A  
1010A  
830A  
715P  
955A  
5P  
240P  
1245  
950A  
925A  
920A  
10A

<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)