

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County:

Cartridge or Bag Filtration

Month/Year:

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 ¹ [NTU]
1	32	36	(4)	25		.52
2	34	36	(2)			.18
3	33	36	(3)			.26
4	25	30	(5)			.26
5	24	28	(4)			.45
6	30	33	(3)			.42
7	25	29	(4)			.26
8	26	30	(4)			.46
9	24	29	(5)			.52
10	30	34	(4)			.65
11	29	28	(4)			.40
12	25	29	(4)			.15
13	31	35	(4)			.66
14	21	25	(4)			.47
15	26	31	(5)			.15
16	24	28	(4)			.47
17	24	28	(4)			.52
18	29	33	(4)			.17
19	30	32	(2)			.44
20	31	35	(4)			.49
21	25	28	(3)			.39
22	33	38	(5)			.43
23	30	33	(3)			.90
24	29	33	(4)			.47
25	22	26	(4)			.27
26	28	31	(3)			.12
27	28	31	(3)			.48
28	27	30	(3)			.68
29	29	32	(3)			.26
30	29	32	(3)			.68
31	28	31	(3)			

1120 A
505 P
1010 A
935 A
830 A
9 A
110 P
510 P
920 A
1115 A
1040 A
220 P
1030 A
1010 A
1145 A
915 A
955 A
940 A
940 A
1045 A
1215 P
1040 A
1125 A
940 A
940 A
855 A
910 A
8 A
1120 A
1015 A
450 P

Cartridge Filtration Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All Cl ₂ residual at entry point ≥ 0.2 mg/l? <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>Stein Anderson</u> SIGNATURE: <u>[Signature]</u> DATE: <u>5/31/23</u> PHONE #: <u>(541) 997-3526</u> CERT #: <u>N/A</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: **May** Month/Year: **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/	1.86	45	83.7	14.4	5.5	29	y	12.1
2/	2.12		95.4	14.0	6.0	30	y	
3/	1.28		57.6	13.5	5.7	27	y	
4/	2.50		112.5	16.2	6.3	24	y	
5/	2.50		112.5	16.1	5.9	20	y	
6/	2.50		112.5	16.7	6.3	24	y	
7/	2.50		112.5	16.4	5.9	20	y	
8/	2.50		112.50	14.5	5.8	31	y	
9/	2.50		112.50	13.0	5.9	31	y	
10/	1.49		67.05	14.4	6.1	33	y	
11/	1.95		87.75	15.2	5.7	19	y	
12/	2.30		103.50	14.9	6.3	36	y	
13/	1.38		62.10	17.2	6.1	22	y	
14/	2.50		112.50	17.2	6.0	20	y	
15/	2.52		23.40	15.1	6.1	20	y	
16/	2.50		112.50	16.4	6.4	24	y	
17/	2.50		112.50	16.8	5.4	20	y	
18/	2.50		112.50	16.7	5.7	20	y	
19/	2.50		112.50	16.6	5.5	20	y	
20/	2.91		40.95	15.7	5.7	18	y	
21/	2.07		93.15	15.6	6.1	23	y	
22/	2.44		109.8	15.6	5.9	20	y	
23/	1.57		70.65	14.5	5.7	28	y	
24/	2.01		90.45	14.3	6.0	30	y	
25/	1.32		59.4	14.6	5.9	27	y	
26/	1.08		48.6	15.0	5.8	18	y	
27/	1.29		58.05	14.5	5.7	27	y	
28/	2.62		27.9	14.6	6.0	26	y	
29/	2.42		108.9	15.1	5.6	20	y	
30/	1.45		65.25	14.7	6.0	28	y	
31/	2.50		112.50	16.3	5.3	20	y	

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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