

OHA - Drinking Water Services - Turbidity Monitoring Report Form


County: Wene

Cartridge or Bag Filtration

Month/Year: June 2023

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	20	24	(4)	25		.91
2	28	32	(4)			.35
3	29	32	(3)			.13
4	22	25	(3)			.38
5	22	25	(3)			.33
6	29	32	(3)			.06
7	23	27	(4)			.58
8	22	26	(4)			.78
9	27	30	(3)			.48
10	28	34	(3)			.72
11	22	26	(4)			.42
12	23	27	(4)			.90
13	27	30	(3)			.61
14	20	23	(3)			.43
15	19	22	(3)			.21
16	21	24	(3)			.42
17	20	23	(3)			.28
18	19	23	(4)			.31
19	20	23	(3)			.14
20	23	26	(3)			.11
21	20	23	(3)			.11
22	23	27	(4)			.32
23	17	20	(3)			.04
24	18	22	(4)			.59
25	18	22	(4)			.17
26	18	21	(3)			.23
27	23	26	(3)			.19
28	23	25	(2)			.53
29	23	25	(2)			.44
30						.45
31						

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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="checkbox"/> Yes / No <input type="checkbox"/> No / Yes	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> 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: 	DATE: <u>6/30/23</u>
		PHONE #: <u>(541) 997-3526</u>	CERT #: <u>N/A</u>

¹ 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: **June 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]	C X T	[°C]		Use tables	Yes / No	[GPM]
11	2.22	45	99.9	14.7	5.8	30	y	12.1
21	2.50		112.50	15.1	6.0	20	y	
31	1.44		64.8	14.5	5.6	28	y	
41	2.50		112.50	15.6	5.9	20	y	
51	.46		20.7	15.2	5.9	17	y	
61	1.64		73.8	14.9	6.2	34	y	
71	.43		19.35	15.2	5.7	17	y	
81	2.50		112.50	15.3	6.0	20	y	
91	2.14		96.3	15.6	5.6	20	y	
101	2.34		105.3	15.2	5.6	20	y	
111	.92		41.40	16.0	6.2	21	y	
121	2.38		107.10	15.5	5.9	20	y	
131	2.50		112.50	14.8	6.3	37	y	
141	1.01		45.45	14.7	6.4	32	y	
151	1.19		53.55	15.7	5.7	18	y	
161	1.28		57.6	14.7	6.1	33	y	
171	2.50		112.50	15.8	6.2	24	y	
181	1.64		73.8	15.0	6.0	19	y	
191	2.50		112.50	14.7	6.1	37	y	
201	1.82		81.9	14.7	6.4	35	y	
211	2.50		112.50	15.0	6.5	24	y	
221	1.90		85.50	16.6	5.9	19	y	
231	2.50		112.50	15.6	6.3	24	y	
241	2.50		112.50	15.4	6.4	24	y	
251	2.50		112.50	15.9	6.2	24	y	
261	2.50		112.50	15.9	6.3	24	y	
271	2.50		112.50	15.9	6.4	24	y	
281	1.05		47.25	15.6	6.5	21	y	
291	1.99		89.55	15.9	6.6	28	y	
301	2.50		112.50	15.5	7.3	36	y	
311								

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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