

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Leone

Cartridge or Bag Filtration

Month/Year: July 2023

System Name: Comp 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	25	27	(2)	25		.58
2	18	21	(3)			.68
3	23	26	(3)			.34
4	23	26	(3)			.41
5	25	27	(2)			.27
6	21	24	(3)			.33
7	22	25	(3)			.29
8	16	19	(3)			.06
9	18	20	(2)			.89
10	16	20	(4)			.32
11	14	18	(4)			.14
12	19	22	(3)			.12
13	18	22	(4)			.12
14	22	25	(3)			.37
15	23	25	(2)			.62
16	17	20	(3)			.19
17	14	18	(4)			.33
18	17	20	(3)			.25
19	17	21	(4)			.19
20	14	17	(3)			.01
21	19	22	(3)			.48
22	19	23	(4)			.83
23	19	22	(3)			.47
24	16	18	(2)			.74
25	21	23	(2)			.46
26	20	23	(3)			.26
27	13	17	(4)			.31
28	20	23	(3)			.59
29	22	24	(2)			.48
30	24	26	(2)			.25
31	19	22	(3)			.29

945 A
855 A
945 A
855 A
845 A
1005 A
525 P
920 A
950 A
1115 A
1010 A
1010 A
440 P
1015 A
1015 A
1240 P
1220 P
11 A
12 P
1110 A
1120 A
945 A
1140 A
1150 A
410 P
940 A
350 P
1055 A
1010 A
1040 A
9 A

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>Stan Anderson</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>7.31.23</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: July 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/	2.50	45	112.50	15.8	6.6	29	y	12.1
2/	2.50		112.50	15.9	6.5	24	y	
3/	2.50		112.50	16.1	6.4	24	y	
4/	.80		36.0	15.9	6.4	20	y	
5/	1.04		46.8	16.1	6.4	21	y	
6/	2.50		112.50	15.9	6.8	29	y	
7/	2.50		112.50	16.7	6.0	20	y	
8/	2.50		112.50	16.5	6.4	24	y	
9/	1.62		72.9	15.7	6.4	23	y	
10/	2.50		112.50	16.5	6.4	24	y	
11/	2.50		112.50	16.5	6.6	29	y	
12/	2.50		112.50	16.9	6.6	29	y	
13/	2.50		112.50	16.6	6.5	24	y	
14/	2.50		112.50	17.3	6.5	24	y	
15/	2.50		112.50	17.5	6.7	29	y	
16/	.61		27.45	17.2	6.3	20	y	
17/	1.75		78.75	17.6	6.4	23	y	
18/	2.01		90.45	17.5	6.4	23	y	
19/	.49		22.05	17.6	6.5	20	y	
20/	2.50		112.50	17.6	6.5	24	y	
21/	2.50		112.50	17.4	6.5	24	y	
22/	1.77		79.65	16.9	6.6	27	y	
23/	1.00		45.00	16.3	6.2	21	y	
24/	2.50		112.50	17.8	6.8	29	y	
25/	2.50		112.50	18.1	6.5	24	y	
26/	2.50		112.50	17.4	6.3	24	y	
27/	2.50		112.50	17.9	6.4	24	y	
28/	1.08		48.60	16.8	6.6	25	y	
29/	2.50		112.50	17.2	6.3	24	y	
30/	1.84		82.8	17.2	6.2	23	y	
31/	.87		39.15	18.1	6.5	21	y	

945A
855A
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1012A
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1110A
1120A
94A
1140A
1150A
410A
945A
350A
100A
190A
1040A
9A

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