

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year: Sept 2023

System Name: Camp Baker BSA ID# 41-91786 WTP ID: N/A

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	17	20	(3)	25		.46
2	20	23	(3)			.28
3	19	21	(4)			.27
4	15	18	(3)			.30
5	18	21	(3)			.18
6	20	23	(3)			.72
7	11	16	(5)			.52
8	16	19	(3)			.23
9	23	18	5			.38
10	19	15	4			.43
11	15	12	3			.17
12	22	18	4			.84
13	19	14	5			.28
14	22	17	5			.39
15	21	16	5			.71
16	16	11	5			.59
17	20	16	4			.27
18	18	13	5			.46
19	38	30	8			.47
20	27	20	7			.48
21	22	10	6			.56
22	23	18	5			.39
23	18	14	4			.01
24	17	10	4			.34
25	13	10	3			.40
26	39	30	9			.52
27	27	21	6			.47
28	32	25	7			.32
29	27	20	7			.59
30	27	20	7			.48
31						

155P  
1145A  
220P  
155P  
1140A  
720A  
705P  
1155A  
250P  
545P  
625P  
515P  
510P  
1035A  
620P  
210PM  
1045A  
1145A  
320P  
1115A  
5Am  
9A  
1005A  
955A  
1150A  
5P  
1040A  
535P  
105P  
1150A

changed  
5 micron  
filter

changed  
5 micron  
bag  
filter.

<b>Cartridge Filtration Monthly Summary</b> 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		<b>Monthly Summary (Answer Yes or No)</b> Cl <sub>2</sub> 's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No All Cl <sub>2</sub> 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> SIGNATURE: <u>[Signature]</u> DATE: <u>9-30-23</u> PHONE #: <u>(541) 997-3526</u> CERT #: <u>—</u>	

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

System Name: **Camp Baker B.S.A** ID #41: **91786** WTP: Month/Year: **Sept. 2023**

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]	CXT	[°C]		Use tables	Yes / No	[GPM]
11	1.36	45	61.2	18.5	6.2	22	y	12.1
21	2.06		92.7	18.1	6.5	23	y	
31	2.28		102.6	18.3	6.4	24	y	
41	2.10		94.5	18.4	6.3	23	y	
51	1.60		72.0	17.7	7.0	26	y	
61	2.08		93.6	17.6	6.6	28	y	
71	.78		35.1	19.0	6.9	24	y	
81	1.18		53.1	18.5	7.1	31	y	
91	2.50		112.50	19.6	6.9	29	y	
101	2.05		92.25	19.3	6.2	23	y	
111	2.50		112.50	19.8	6.3	24	y	
121	2.50		112.50	19.6	6.7	29	y	
131	2.50		112.50	19.4	6.1	24	y	
141	2.50		112.50	18.8	6.6	29	y	
151	1.59		71.55	18.2	6.3	22	y	
161	2.12		95.4	17.9	6.5	23	y	
171	2.21		99.45	18.3	6.7	29	y	
181	1.87		84.15	17.4	6.6	28	y	
191	2.15		96.75	18.2	6.3	23	y	
201	1.41		63.45	17.7	6.1	22	y	
211	1.14		51.3	16.6	6.2	21	y	
221	1.58		71.10	16.3	6.7	26	y	
231	1.14		51.3	18.5	6.4	21	y	
241	1.78		80.1	18.2	6.6	27	y	
251	1.64		73.8	16.7	6.5	23	y	
261	1.53		68.85	16.4	6.6	26	y	
271	.89		40.05	16.7	6.7	25	y	
281	1.26		56.7	16.4	6.7	26	y	
291	1.41		63.45	16.3	7.2	32	y	
301	1.09		49.05	16.8	6.8	25	y	
311								

155P  
1145A  
220P  
155P  
140P  
720A  
705P  
1155A  
250P  
545P  
625P  
515P  
510P  
1035P  
620P  
210P  
1045P  
1145P  
320P  
1150P  
5PM  
9A  
1005P  
955P  
1150P  
5P  
1040P  
535P  
105P  
1150P  
A

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/furb-cartridge.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/furb-cartridge.pdf)