

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year: Oct 2023

System Name: Camp Bzler 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	18	7	25		.58
2	19	13	6			.73
3	18	13	5			.55
4	20	15	5			.62
5	21	16	5			.97
6	20	14	6			.50
7	17	12	5			.49
8	18	13	5			.48
9	15	10	5			.35
10	19	14	5			.47
11	20	14	6			.17
12	19	14	5			.44
13	20	14	6			.32
14	15	10	5			.62
15	19	14	5			.47
16	17	12	5			.72
17	20	15	5			.81
18	18	13	5			.32
19	20	15	5			.75
20	20	14	6			.36
21	18	13	5			.38
22	23	17	6			.31
23	20	14	6			.26
24	20	15	5			.47
25	17	13	4			.35
26	20	15	5			.42
27	21	15	6			.48
28	19	14	5			.42
29	18	13	5			.28
30	23	18	5			.48
31	20	15	5			.77

1015 A
1130 A
1120 A
520 P
1130 A
805 A
1105 A
1055 A
150 P
445 P
125 P
945 A
1045 A
10A
330 P
1205 P
1215 P
1230 P
1015 A
105 P
340 P
1105 A
505 P
110 P
405 P
250 P
1 PM
1215 PM
120 P
1205 P
1025 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>10/31/23</u> PHONE #: <u>(541) 997-3526</u> CERT #: <u>01/4</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.
PAGE 1 of 2

OHA - Drinking Water Program - Surface Water Quality Data Form

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

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]
11	1.33	45	59.85	15.4	7.2	31	y	12.1
21	1.82		81.9	15.6	7.1	33	y	
31	1.31		58.95	17.3	6.3	22	y	
41	1.69		76.05	17.1	7.0	27	y	
51	.98		44.10	16.7	6.9	25	y	
61	.89		40.05	17.4	7.2	30	y	
71	2.36		106.2	17.4	7.3	35	y	
81	1.22		54.9	17.4	7.2	31	y	
91	1.92		86.4	18.0	6.4	23	y	
101	1.92		86.4	17.8	6.9	28	y	
111	1.12		58.4	16.3	6.5	21	y	
121	1.94		87.3	17.3	6.6	28	y	
131	2.42		108.9	17.2	6.8	29	y	
141	1.02		45.9	16.4	6.3	21	y	
151	2.47		111.15	16.8	6.3	24	y	
161	2.12		95.4	17.3	6.7	28	y	
171	1.75		78.75	18.0	7.2	33	y	
181	1.61		72.45	17.3	6.9	27	y	
191	1.10		49.5	17.0	6.5	21	y	
201	1.54		69.3	18.1	6.9	26	y	
211	1.98		89.1	18.4	7.0	28	y	
221	1.86		83.7	17.7	6.7	28	y	
231	2.09		94.05	17.8	6.9	28	y	
241	1.86		83.7	17.3	7.1	33	y	
251	1.80		81.0	16.5	6.6	27	y	
261	1.88		84.6	15.3	6.2	23	y	
271	1.04		46.8	16.5	7.1	31	y	
281	1.64		73.8	15.1	7.0	27	y	
291	1.01		45.45	15.4	6.7	25	y	
301	2.24		100.8	15.8	6.3	24	y	
311	1.48		60.6	14.4	6.4	33	y	

1015
1130
1120
520
1130A
805
1105
1055
150
445
125
945
1045
104
332
1205
1215
1230
1011
105
341
110
505
110
405
250
1P
1215
120
121
1025

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