

OHA - Drinking Water Services - Turbidity Monitoring Report Form
Cartridge or Bag Filtration

County: Gene
 Month/Year: Nov, 2023

System Name: 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	21	15	6	25		.50
2	18	13	5			.44
3	21	15	6			.69
4	20	15	5			.54
5	20	15	5			.49
6	21	15	6			.44
7	17	12	5			.43
8	21	15	6			.38
9	19	14	5			.89
10	22	16	6			.94
11	19	14	5			.18
12	21	16	5			.10
13	21	16	5			.34
14	17	12	5			.38
15	16	11	5			.45
16	19	14	5			.29
17	18	13	5			.28
18	22	16	6			.65
19	20	14	6			.31
20	22	16	6			.38
21	25	19	6			.09
22	21	15	6			.87
23	21	15	6			.44
24	21	16	5			.25
25	23	17	6			.50
26	19	15	4			.47
27	23	17	6			.50
28	20	15	5			.80
29	17	13	4			.65
30	22	16	6			.42
31						

945A
 230P
 1155A
 315P
 345P
 1255P
 140P
 520P
 215P
 1035A
 930A
 920A
 330P
 1050A
 150P
 655P
 1230P
 9A
 1215P
 1245P
 1045A
 1105A
 130P
 11A
 210P
 1105A
 120P
 445P
 1210P
 320P

Cartridge Filtration Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? Yes / No All daily turbidity readings ≤ 5 NTU? Yes / No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? 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: <u>Stan Anderson</u>	DATE: <u>11-30-23</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.

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: **Camp Baker B.S.A** ID #41: **91786** WTP: Month/Year: **NOV. 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	1.28	45	57.6	16.1	6.7	26	y	12.1
21	2.28		102.6	16.5	7.0	29	y	
31	2.40		108.0	15.1	7.2	35	y	
41	2.02		90.9	15.4	7.1	34	y	
51	1.87		84.15	16.3	6.8	28	y	
61	2.19		98.55	15.2	6.8	28	y	
71	2.02		90.9	15.3	6.5	23	y	
81	2.34		105.3	15.3	7.3	35	y	
91	2.25		101.25	14.9	6.5	36	y	
101	2.19		98.55	15.3	6.7	28	y	
111	2.50		112.5	15.5	6.1	24	y	
121	2.50		112.5	15.3	6.2	24	y	
131	2.32		104.4	14.4	6.4	36	y	
141	2.50		112.5	15.0	6.4	24	y	
151	.85		88.25	14.4	5.9	26	y	
161	1.78		80.1	15.1	6.1	23	y	
171	1.37		61.65	15.1	6.6	26	y	
181	2.26		101.7	14.8	6.3	36	y	
191	2.49		112.05	15.0	6.5	24	y	
201	2.50		112.50	15.0	6.7	29	y	
211	.94		42.3	14.0	5.8	26	y	
221	2.10		94.50	13.5	6.1	35	y	
231	1.78		80.1	14.2	6.3	34	y	
241	2.07		93.15	12.9	6.0	30	y	
251	2.48		111.60	14.0	6.8	44	y	
261	1.96		88.2	13.2	6.1	35	y	
271	2.39		107.55	12.3	5.9	30	y	
281	2.33		104.85	13.2	6.1	36	y	
291	2.43		109.35	14.8	6.3	37	y	
301	2.41		108.45	13.7	6.0	31	y	
311								

945A
230P
1155A
315P
345P
125P
140P
520P
215A
1035A
930A
920A
330P
1050
150
655P
1230P
90A
1215P
1245
1045A
1105
230
11A
210
1105
120
445
1210
320P

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