

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year: Dec. 2023

System Name: Camp Baker RSA 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	22	17	5	25		.84
2	19	13	6			.44
3	17	13	4			.29
4	23	17	6			.33
5	24	17	7			.44
6	19	13	6			.37
7	19	14	5			.40
8	20	15	5			.43
9	25	19	6			.23
10	24	18	6			.38
11	23	17	6			.39
12	18	12	6			.62
13	18	13	5			.41
14	21	15	6			.26
15	20	15	5			.62
16	22	16	6			.61
17	25	19	6			.43
18	18	13	5			.19
19	25	19	6			.19
20	25	18	7			.22
21	23	17	6			.17
22	20	15	5			.90
23	26	20	6			.24
24	19	14	5			.83
25	25	19	6			.39
26	25	19	6			.41
27	20	15	5			.15
28	26	20	6			.16
29	19	13	6			.74
30	22	17	5			.36
31	22	16	6			.36

1240 P.
915 A
145 P
940 X
105 P
750 P
315 P
1125 X
905 A
845 A
950 A
1210 P
1215 P
440 P
1050 A
320 P
230 P
1235 P
110 P
920 A
930 A
1110 A
1135 A
730 A
510 P
1 P
1045 A
825 A
1055 A
1040 X
410 P

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	Yes / No <u>Yes / No</u>	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>	DATE: <u>12/31/23</u>
		SIGNATURE: <u>[Signature]</u>	CERT #: <u>-</u>
		PHONE #: <u>(541) 997-3526</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.
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OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: **Camp Baker BSA** ID #41: **91786** WTP: Month/Year: **Dec. 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]
11/	2.50	45	112.50	14.0	6.0	31	y	12.1
21/	1.38		62.1	13.4	5.5	27	y	
31/	2.10		94.5	12.7	6.5	35	y	
41/	1.73		77.85	13.8	6.6	41	y	
51/	2.34		105.3	14.6	6.3	36	y	
61/	1.08		48.6	13.9	6.2	32	y	
71/	1.81		81.45	14.4	6.9	41	y	
81/	2.16		97.2	14.1	6.5	35	y	
91/	2.40		108.0	13.2	6.0	30	y	
101/	2.14		96.3	13.4	6.2	35	y	
111/	1.90		85.5	13.6	6.3	35	y	
121/	1.83		82.35	14.0	6.5	35	y	
131/	2.25		101.25	14.5	6.5	36	y	
141/	2.41		108.45	13.2	6.1	37	y	
151/	2.50		112.50	13.6	6.2	37	y	
161/	2.36		106.2	13.8	6.5	36	y	
171/	1.97		88.65	12.4	6.3	35	y	
181/	2.04		91.8	13.7	6.6	42	y	
191/	1.65		74.25	13.3	6.3	34	y	
201/	1.06		47.7	12.5	6.3	32	y	
211/	1.21		54.45	13.4	6.0	27	y	
221/	1.51		67.95	13.0	5.8	28	y	
231/	.70		31.50	13.7	5.9	26	y	
241/	.82		36.90	12.9	5.8	26	y	
251/	1.08		48.6	13.2	5.7	27	y	
261/	1.27		57.15	13.2	5.8	27	y	
271/	1.21		54.45	13.8	5.6	27	y	
281/	1.17		52.05	12.9	5.3	27	y	
291/	.90		40.5	12.8	5.3	26	y	
301/	.85		38.25	13.9	5.6	26	y	
311/	.72		32.4	13.5	5.8	26	y	

1240
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320
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1235
110
920
930
1112
113
750
510
1A
104
825
105
1048
410

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