

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

County: Lane

Month/Year: Jan. 2024

System Name: Camp 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	22	17	5	25		.80
2	19	12	7			.31
3	25	19	6			.30
4	19	15	4			.52
5	22	16	6			.29
6	27	21	6			.41
7	27	20	7			.32
8	24	18	6			.42
9	23	18	5			.31
10	21	16	5			.22
11	22	17	5			.74
12	28	22	6			.69
13	24	18	6			.33
14	21	16	5			.50
15	24	18	6			.28
16	27	21	6			.41
17	27	20	7			.39
18	27	20	7			.33
19	22	16	6			.35
20	20	15	5			.36
21	29	22	7			.46
22	29	22	7			.55
23	27	21	6			.19
24	29	22	7			.07
25	25	18	7			.18
26	22	16	6			.25
27	26	20	6			.44
28	30	23	7			.41
29	30	22	8			.51
30	25	19	6			.27
31	21	15	6			.21

210P
 1130A
 405P
 1145A
 1115A
 1205P
 855A
 1255P
 355P
 1040A
 150P
 1P
 110P
 1230P
 420A
 315P
 225P
 150P
 8A
 1P
 1215P
 140P
 10A
 2P
 1030A
 1230P
 130P
 1255P
 135P
 6P
 220P

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<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: Stan Anderson	DATE: 1-31-24
		SIGNATURE: <i>[Signature]</i>	CERT #: -
		PHONE #: (541) 997-3526	

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 B.S.A** ID #41: **91786** WTP: Month/Year:

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]	C X T	[°C]		Use tables	Yes / No	[GPM]
1/	.58	45	26.1	15.1	5.7	17	y	12.1
2/	1.36		61.2	13.8	5.3	27	y	
3/	1.15		51.75	12.3	6.4	32	y	
4/	1.19		53.55	13.6	5.9	27	y	
5/	1.26		56.70	11.8	5.6	27	y	
6/	1.13		50.85	13.7	5.8	27	y	
7/	.83		37.35	13.8	6.3	31	y	
8/	1.43		64.35	14.2	5.6	28	y	
9/	1.27		57.15	12.8	6.1	33	y	
10/	1.30		58.5	13.0	6.2	33	y	
11/	1.20		54.0	12.6	6.2	32	y	
12/	1.14		51.3	11.1	5.8	27	y	
13/	1.02		45.90	13.0	6.1	32	y	
14/	2.50		112.5	14.6	5.7	31	y	
15/	2.50		112.5	11.2	6.1	37	y	
16/	1.79		80.55	13.0	6.3	34	y	
17/	1.13		50.85	13.3	5.9	27	y	
18/	.97		43.65	14.1	6.6	37	y	
19/	.82		36.90	12.9	6.4	31	y	
20/	1.50		67.5	12.3	6.1	33	y	
21/	2.50		112.5	14.6	6.7	44	y	
22/	2.50		112.5	11.3	6.0	31	y	
23/	2.50		112.5	13.6	6.6	44	y	
24/	1.47		66.15	13.3	6.4	33	y	
25/	1.11		49.95	14.5	6.1	32	y	
26/	.88		39.6	13.3	6.6	37	y	
27/	2.50		112.50	14.6	6.6	44	y	
28/	2.20		99.0	15.0	6.4	23	y	
29/	1.76		79.2	14.3	5.9	29	y	
30/	1.79		80.55	13.6	6.5	34	y	
31/	1.46		65.7	14.4	6.3	33	y	

Added chlorine

Added chlorine

Added chlorine

2:10 P
2:30 P
4:05 P
1:04 P
1:15 P
1:20 P
8:55 P
12:55 P
3:55 P
10:02 P
1:50 P
1 P
1:10 P
12:30 P
4:20 P
3:15 P
2:25 P
1:50 P
8 P
1 P
12:15 P
1:40 P
10 P
2 P
1:30 P
4
12:30 P
1:30 P
12:55 P
1:35 P
6 P
2:20 P

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