

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Ware

Cartridge or Bag Filtration

Month/Year: April 2024

System Name:	<u>Camp Baker BSA</u>		ID#	<u>41-91786</u>		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	31	23	8	25		.40	1P
2	28	21	7			.28	350P
3	29	22	7			.49	1140A
4	32	24	8			.48	11A
5	32	24	8			.64	1230P
6	33	24	9			.27	210P
7	24	17	7			.96	1140A
8	31	23	8			.42	1005A
9	27	20	7			.93	415P
10	28	20	8			.37	945A
11	23	17	6			.29	515P
12	31	23	8			.37	925A
13	25	19	6			.28	1025A
14	32	23	9			.35	0210P
15	32	24	8			.23	910A
16	25	18	7			.49	1145A
17	26	19	7			.29	1040A
18	23	16	7			.31	1255P
19	32	24	8			.27	850A
20	22	16	6			.29	620P
21	27	20	7			.27	1020A
22	24	17	7			.40	1250P
23	28	21	7			.45	535P
24	28	19	9			.86	1145A
25	32	24	8			.04	150P
26	32	23	9			.84	1010A
27	25	18	7			.93	1105A
28	27	19	8			.40	240P
29	27	19	8			.25	855A
30	22	17	5			.73	1235P
31							

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes / No	CT's met everyday? (see back) Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? Yes / No
All daily turbidity readings ≤ 5 NTU?	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>4/30/24</u>
		SIGNATURE: <u>[Signature]</u>	CERT #: <u>—</u>
		PHONE #: <u>(541) 997-3526</u>	

¹ 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: **April 2024**

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]
1/	.80	45	36	14.0	5.9	26	y	12.1
2/	.82		36.9	14.8	6.0	26	y	7
3/	.60		27.0	12.8	5.8	25	y	
4/	2.50		112.5	13.9	6.1	37	y	
5/	2.50		112.5	12.5	6.0	31	y	
6/	2.50		112.5	12.9	6.2	37	y	
7/	1.91		85.95	13.6	6.4	35	y	
8/	1.32		59.4	14.4	6.2	33	y	
9/	1.43		64.35	13.6	6.4	33	y	
10/	.74		33.3	13.1	6.0	26	y	
11/	.73		32.85	13.9	5.9	26	y	
12/	.84		37.80	12.9	6.3	31	y	
13/	.80		36.0	15.6	5.7	17	y	
14/	.72		32.4	15.9	5.8	17	y	
15/	.72		32.4	14.7	6.0	26	y	
16/	.68		30.6	13.9	4.1	26	y	
17/	.64		28.8	13.8	5.2	26	y	
18/	2.50		112.5	14.6	5.4	31	y	
19/	2.11		94.95	14.8	5.8	30	y	
20/	1.53		68.85	15.8	5.1	19	y	
21/	1.41		63.45	15.7	5.1	19	y	
22/	.96		43.20	15.4	5.6	18	y	
23/	.72		32.40	14.1	5.8	26	y	
24/	.69		31.05	15.6	5.8	17	y	
25/	.61		27.45	14.2	5.8	26	y	
26/	.74		33.3	14.6	6.0	26	y	
27/	.53		23.85	15.0	6.1	20	y	
28/	2.50		112.50	13.9	6.1	37	y	
29/	2.21		99.45	13.8	5.9	30	y	
30/	1.97		88.65	16.1	5.8	19	y	
31/								

added chlorine

added 1 cup chlorine

added chlorine

1P
350A
1140A
11A
1230P
210P
1140
1005
415
945
515
925
1025
1210
910A
1145
1040
1255
850A
620P
1020
1250
535
1145
150P
1010
1105
240P
855
1235
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/furb-cartridge.pdf