

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year: May 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	29	22	7	25		.32
2	29	21	8			.18
3	} DAY OFF / NO ONE IN CAMP					
4	} DAY OFF / NO ONE IN CAMP					
5	} DAY OFF / NO ONE IN CAMP					
6	33	24	9			.05
7	} NO ONE IN CAMP					
8	} NO ONE IN CAMP					
9	} NO ONE IN CAMP					
10	25	19	7			.33
11	31	23	8			.20
12	31	23	8			.11
13	27	20	7			.07
14	32	23	9			.42
15	24	17	7			.30
16	23	16	7			.04
17	33	25	8			.04
18	27	20	7			.83
19	25	18	7			.40
20	30	23	7			.38
21	28	20	8			.35
22	23	17	6			.39
23	22	15	7			.21
24	21	15	6			.28
25	21	15	6			.58
26	25	18	7			.37
27	27	20	7			.42
28	33	24	9			.43
29	27	20	7			.21
30	24	16	8			.43
31	31	22	9			.77

545A
935A
1230A
215P
305P
1245P
1150A
10A
440P
955A
630P
1120A
1P
1135A
1115A
1020A
545A
825A
1120A
1210A
445A
305P
1215P
1040A
10A

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
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	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>Sten Anderson</u>	
		SIGNATURE: <u>[Signature]</u>	DATE: <u>5-31-24</u>
		PHONE #: <u>(541) 997-3526</u>	CERT #: <u>-</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: **May 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]
1/1	1.75	45	78.75	15.8	5.7	19	Y	12.1
2/1	1.54		69.3	15.4	5.5	19	Y	
3/1	DAYS OFF / NO CAMP							
4/1	DAYS OFF / NO CAMP							
5/1	DAYS OFF / NO CAMP							
6/1	1.07		48.15	14.9	5.2	27	Y	
7/1	DAYS OFF / NO CAMP							
8/1	DAYS OFF / NO CAMP							
9/1	DAYS OFF / NO CAMP							
10/1	2.01		90.45	16.9	5.1	20	Y	
11/1	1.52		68.4	16.7	5.6	19	Y	
12/1	.84		37.8	16.2	5.1	18	Y	
13/1	.82		36.9	16.2	5.1	18	Y	
14/1	.77		34.65	16.1	5.1	17	Y	
15/1	1.73		77.85	15.4	5.3	19	Y	
16/1	1.31		58.95	14.5	5.2	27	Y	
17/1	.96		43.2	15.4	5.4	18	Y	
18/1	.97		43.65	15.1	5.6	18	Y	
19/1	.77		34.65	16.3	6.1	20	Y	
20/1	.71		31.95	15.5	5.4	17	Y	
21/1	.68		30.6	15.6	5.1	17	Y	
22/1	.56		25.2	15.3	5.7	17	Y	
23/1	1.91		85.95	16.2	5.6	19	Y	
24/1	1.90		85.5	16.1	5.7	19	Y	
25/1	1.04		46.8	15.5	5.5	18	Y	
26/1	.83		37.35	14.6	5.9	26	Y	
27/1	.72		32.40	16.3	5.9	17	Y	
28/1	.69		31.05	16.3	6.2	20	Y	
29/1	.43		19.35	16.7	6.0	17	Y	
30/1	.40		18.0	15.9	5.8	17	Y	
31/1	2.58		112.50	15.7	5.8	20	Y	

added chlorine

added chlorine

added chlorine

5458
9352

1230

2152
3052
1245
1150
10A
440
952
6304
1120
1A
1135
1115A
1070
5752
825
1120
1210
443
3052
1215
1040
10A

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