

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lane
 Month/Year: Jun 2014

Cartridge or Bag Filtration

System Name: Camden Baker ASA 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	32	23	9	25		.87
2	32	23	9			.30
3	27	19	8			.43
4	27	20	7			.39
5	32	23	9			.40
6	32	23	9			.77
7	32	23	9			.81
8	32	23	9			.69
9	32	23	9			.25
10	30	22	8			.86
11	24	17	7			.34
12	33	24	9			.27
13	33	24	9			.24
14	23	17	6			.21
15	22	15	7			.34
16	28	20	8			.14
17	33	23	10			.55
18	29	21	8			.60
19	32	23	9			.42
20	32	23	9			.29
21	32	23	9			.29
22	23	16	7			.90
23	32	23	9			.89
24	27	19	8			.32
25	28	20	8			.44
26	32	23	9			.74
27	24	16	7			.46
28	30	22	8			.51
29	32	22	10			.25
30	24	17	7			.11
31						

8A
 1010A
 1125A
 1120A
 145P
 455P
 9A
 310P
 1025A
 1035A
 210P
 940A
 1015A
 155P
 1220P
 1055A
 950A
 1110A
 235P
 105P
 930A
 140P
 215P
 1150A
 540P
 940A
 1050A
 535A
 455P
 1035A

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No <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>Stan Anderson</u>	DATE: <u>6-30-24</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.

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: **Camp Baker B.S.A** ID#41: **91786** WTP: Month/Year: **June 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]
11/	2.50	45	112.50	15.5	5.6	20	y	12.1
21/	2.05		92.25	15.5	5.8	20	y	
31/	1.88		84.6	16.5	6.0	18	y	
41/	1.87		84.15	16.1	5.9	19	y	
51/	1.66		74.7	16.4	6.0	19	y	
61/	1.57		70.65	17.0	6.0	19	y	
71/	1.44		64.80	16.4	6.3	22	y	
81/	1.03		46.35	15.8	6.3	21	y	
91/	.94		42.3	17.9	5.8	18	y	
101/	.75		33.75	16.7	6.1	20	y	
111/	.64		28.80	16.6	6.0	17	y	
121/	1.21		54.45	16.1	6.2	22	y	
131/	2.11		94.95	15.9	5.9	20	y	
141/	2.29		103.05	15.9	5.9	20	y	
151/	1.63		73.35	15.5	6.0	19	y	
161/	.85		38.25	15.8	6.1	21	y	
171/	.81		36.45	15.7	6.0	18	y	
181/	.63		28.35	15.6	6.1	20	y	
191/	2.50		112.50	17.6	6.2	24	y	
201/	2.50		112.50	16.5	6.4	24	y	
211/	2.50		112.50	16.6	6.4	24	y	
221/	1.56		70.2	16.5	5.9	19	y	
231/	1.41		63.45	17.3	6.2	22	y	
241/	1.34		60.3	16.9	5.9	18	y	
251/	.84		37.8	18.1	6.1	21	y	
261/	.59		26.55	17.3	6.3	20	y	
271/	.49		22.05	17.7	6.4	20	y	
281/	1.79		80.55	15.4	6.1	23	y	
291/	1.53		68.85	16.4	6.2	22	y	
301/	1.89		85.05	16.2	6.2	23	y	
311/								

added chlorine

added chlorine

added chlorine

8A
1010A
1125
1120A
1457
455
9A
310
1025
1035
210
940
1015
155
1220
1055
950
1110
235
1057
930
140
215
1150
540
940
1050
535
458
1035

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