

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lawe

Cartridge or Bag Filtration

Month/Year: July 2014

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	21	15	6	25		.80
2	30	21	9			.39
3	27	19	8			.39
4	22	15	7			.23
5	21	15	6			.83
6	25	18	7			.28
7	22	15	7			.38
8	30	20	10			.42
9	25	17	8			.31
10	30	20	10			.28
11	29	19	10			.83
12	19	11	8			.41
13	24	15	9			.28
14	22	15	7			.20
15	25	16	9			.23
16	29	18	11			.09
17	21	14	7			.21
18	19	11	8			.24
19	29	18	11			.97
20	30	19	11			.43
21	30	18	12			.83
22	21	13	8			.36
23	20	17	7			.19
24	30	19	4			.64
25	21	13	8			.20
26	26	17	9			.43
27	25	16	9			.40
28	30	17	10			.51
29	30	18	12			.32
30	20	12	8			.08
31	30	18	12			.43

1205P
1040A
945A
714
140P
925A
145P
405P
430P
1145A
7P
1030A
575P
435P
1215P
1210A
1815A
650P
1045A
915A
930A
945A
1045A
1055A
1050A
905A
1025A
1055A
945A
1020A
715P

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	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="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
<p>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.</p>		PRINTED NAME: <u>Stan Anderson</u> SIGNATURE: <u>[Signature]</u> DATE: <u>7/31/24</u> PHONE #: <u>(541) 997-3526</u> CERT#: <u>N/A</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.
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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: **July 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]
17	.81	45	36.45	15.9	6.1	21	y	12.1
21	.88		39.6	17.7	5.6	18	y	
31	.55		24.75	17.9	5.7	17	y	
41	1.91		85.95	17.7	5.6	19	y	
51	.72		32.40	17.8	5.6	17	y	
61	.58		26.10	18.7	5.6	17	y	
71	1.95		87.75	17.9	5.8	19	y	
81	.82		36.9	18.2	5.7	18	y	
91	.79		35.55	18.5	5.4	17	y	
101	.66		29.7	17.9	5.4	17	y	
111	1.06		47.7	18.2	5.6	18	y	
121	1.38		62.1	18.3	5.7	18	y	
131	1.01		45.45	18.3	5.5	18	y	
141	2.15		96.75	18.4	5.7	20	y	
151	.99		44.55	18.2	5.4	18	y	
161	1.18		53.10	18.6	5.4	18	y	
171	.56		25.2	18.7	5.4	17	y	
181	.55		24.75	18.5	5.6	17	y	
191	1.17		52.65	18.1	5.5	18	y	
201	1.20		54.00	18.1	5.8	18	y	
211	.52		23.40	17.8	5.8	17	y	
221	1.55		69.75	17.6	5.9	19	y	
231	1.52		68.40	17.7	5.9	19	y	
241	1.13		50.85	17.9	6.0	18	y	
251	.94		42.3	17.6	6.0	18	y	
261	.47		21.15	17.3	6.0	17	y	
271	2.50		112.50	17.6	6.0	20	y	
281	2.35		105.75	17.4	6.3	24	y	
291	2.00		90.0	17.6	6.4	23	y	
301	2.21		99.45	17.4	6.3	24	y	
311	2.47		111.15	18.5	6.0	20	y	

added chlorine
added chl.
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1205
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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