

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year: Aug. 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	19	10	25		.06
2	30	19	11			.77
3	24	15	9			.83
4	28	17	11			.96
5	29	18	11			.50
6	19	11	8			.68
7	25	15	10			.39
8	28	17	11			.42
9	21	13	8			.86
10	24	15	9			.54
11	28	18	10			.70
12	21	13	8			.43
13	21	13	8			.69
14	25	15	10			.38
15	27	16	11			.29
16	24	14	10			.56
17	26	15	11			.33
18	27	16	11			.31
19	23	14	9			.37
20	25	15	10			.61
21	20	12	8			.34
22	27	16	11			.65
23	27	17	10			.22
24	27	16	11			.20
25	26	16	10			.75
26	27	17	10			.65
27	19	11	8			.38
28	26	16	10			.44
29	26	16	10			.09
30	25	15	10			.28
31	27	18	9			.40

305A
650P
155P
1140A
740A
315P
135P
605P
205P
530A
1050P
1210P
1105A
120P
1020A
1120A
11A
10A
530P
250P
110P
830A
1005A
750A
1255P
845A
650P
1245P
2P
1045A
950A

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	Yes/No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back) Yes/No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? Yes/No <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: Stan Anderson	DATE: 8/31/24
		SIGNATURE: <i>[Signature]</i>	PHONE #: (541) 997-3526
			CERT #: —

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: **Aug. 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/	2.22	45	99.9	18.7	6.0	20	y	12.1
2/	2.21		99.45	19.0	6.3	24	y	
3/	2.43		109.35	18.8	5.6	20	y	
4/	2.50		112.5	17.8	6.2	24	y	
5/	2.41		108.45	18.2	5.9	20	y	
6/	2.50		112.5	18.6	5.9	20	y	
7/	2.50		112.5	19.1	5.6	20	y	
8/	2.50		112.5	19.5	6.1	24	y	
9/	2.50		112.5	19.3	6.0	20	y	
10/	2.50		112.5	17.9	5.9	20	y	
11/	2.43		109.35	18.1	6.1	24	y	
12/	2.50		112.5	19.6	5.5	20	y	
13/	2.50		112.5	19.9	5.2	20	y	
14/	2.50		112.5	19.9	5.4	20	y	
15/	2.50		112.5	19.1	5.4	20	y	
16/	2.50		112.5	19.3	5.3	20	y	
17/	2.50		112.5	19.2	5.4	20	y	
18/	2.17		97.65	18.9	5.9	20	y	
19/	2.50		112.5	19.5	5.7	20	y	
20/	2.50		112.5	19.7	5.5	20	y	
21/	2.50		112.5	18.3	5.7	20	y	
22/	2.50		112.5	18.0	5.9	20	y	
23/	2.50		112.5	17.9	6.2	24	y	
24/	2.50		112.5	17.1	5.8	20	y	
25/	2.50		112.5	18.7	6.5	24	y	
26/	2.50		112.5	18.0	6.4	24	y	
27/	2.08		93.6	17.9	5.9	20	y	
28/	2.50		112.5	17.4	6.1	24	y	
29/	2.50		112.5	19.0	6.3	24	y	
30/	2.50		112.5	18.1	6.3	24	y	
31/	2.50		112.5	17.8	6.6	29	y	

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830
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1245
29
1045
950

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