

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year: Sept. 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 [†] (NTU)
1	26	16	10	25		.34
2	21	12	9			.51
3	27	16	11			.47
4	DAY OFF - NO ONE IN CAMP					
5	19	11	8			.83
6	23	15	8			.47
7	20	12	8			.64
8	24	14	10			.43
9	22	13	9			.52
10	23	14	9			.89
11	18	11	7			.75
12	20	12	8			.84
13	20	12	8			.56
14	26	16	10			.85
15	26	16	10			.30
16	23	13	10			.53
17	22	14	9			.47
18	19	11	8			.89
19	27	16	11			.69
20	27	16	11			.75
21	26	15	11			.39
22	24	14	10			.48
23	26	16	10			.34
24	26	16	10			.36
25	21	12	9			.21
26	19	11	8			.50
27	24	14	10			.84
28	26	16	10			.43
29	27	16	11			.83
30	19	11	8			.40
31						

445P
1225P
9A
805P
930A
750A
440P
1135A
1225P
510P
225P
220P
9A
1040A
110P
130P
120P
915A
910A
315P
1155A
1120A
945A
215P
505P
1210P
1050A
1015A
305P

Cartridge Filtration Monthly Summary 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		Monthly Summary (Answer Yes or 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>Stari Anderson</u> SIGNATURE: <u>[Signature]</u> DATE: <u>9-30-24</u> PHONE #: <u>(541) 997-3526</u> CERT #: <u>N/A</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: Sept. 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/	2.49	45	112.05	18.0	6.5	24	y	12.1
2/	2.49		112.05	17.1	6.5	24	y	2
3/	2.50		112.50	17.1	6.7	29	y	9A
4/	D	off	OFF	NONE		in	camp	
5/	2.50		112.50	19.4	6.0	20	y	805
6/	2.50		112.50	19.1	5.7	20	y	930
7/	2.50		112.50	19.5	5.6	20	y	750A
8/	2.50		112.50	19.8	5.6	20	y	440
9/	2.50		112.50	19.1	6.2	24	y	1135
10/	2.50		112.50	19.2	6.3	24	y	1225
11/	2.50		112.50	18.4	6.3	24	y	510
12/	2.48		111.60	18.5	6.0	20	y	225
13/	2.50		112.50	18.5	6.2	24	y	220
14/	2.50		112.50	17.4	6.5	24	y	9A
15/	2.50		112.50	17.6	6.5	24	y	104
16/	2.46		110.70	17.7	6.8	29	y	110
17/	2.39		107.55	17.9	6.3	24	y	130
18/	2.39		107.55	17.4	6.0	20	y	120
19/	2.50		112.50	16.7	6.3	24	y	915
20/	2.50		112.50	16.6	6.3	24	y	910
21/	2.50		112.50	18.1	6.0	20	y	315
22/	2.36		106.20	16.9	6.1	24	y	1155
23/	2.34		105.30	17.7	6.0	20	y	120
24/	2.38		107.10	17.9	6.3	24	y	945
25/	2.50		112.50	17.5	5.8	20	y	215
26/	2.50		112.50	17.5	6.5	24	y	505
27/	2.30		103.50	17.1	6.5	24	y	1210
28/	2.50		112.50	16.8	6.8	29	y	1058
29/	2.50		112.50	17.1	6.7	29	y	1015
30/	2.50		112.50	16.5	6.4	24	y	305
31/								

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