

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year: Oct. 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	23	14	9	25		.26
2	27	16	11			.23
3	26	16	10			.71
4	23	14	9			.44
5	26	16	10			.77
6	26	15	11			.61
7	26	16	10			.69
8	26	15	11			.14
9	23	13	10			.64
10	20	11	9			.40
11	22	13	9			.35
12	26	15	11			.37
13	25	15	10			.36
14	26	15	11			.12
15	24	14	10			.47
16	17	10	7			.45
17	20	12	8			.69
18	26	15	11			.99
19	26	14	12			.50
20	24	12	12			.90
21	23	13	10			.90
22	20	11	9			.87
23	25	15	10			.59
24	26	15	11			.62
25	19	10	9			.36
26	17	9	8			.27
27	25	15	10			.48
28	18	10	8			.60
29	22	13	9			.24
30	26	15	11			.41
31	22	13	9			.71

1245P
930A
1110A
110P
9A
130P
1125A
630P
125P
330P
245P
930A
545P
1045A
1130A
4P
1155A
850A
940A
1120A
1155A
155P
655P
1045A
255A
1010A
1240P
330P
1150A
530P

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes / No Yes / No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?		Yes / No	Yes / 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	
		SIGNATURE: <i>[Signature]</i>	DATE: 10/31/24
		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.
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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: Oct. 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	15.9	6.5	24	Y	12.1
21/	2.50		112.50	15.8	5.9	20	Y	
31/	2.50		112.50	16.3	6.5	24	Y	
41/	2.50		112.50	17.3	6.5	24	Y	
51/	2.40		108.0	15.9	6.3	24	Y	
61/	2.36		106.2	17.5	6.3	24	Y	
71/	2.50		112.50	17.5	6.5	24	Y	
81/	2.16		97.2	17.6	6.2	23	Y	
91/	2.27		102.15	16.6	6.4	24	Y	
101/	1.84		82.8	16.7	6.7	28	Y	
111/	1.59		71.55	15.6	6.2	22	Y	
121/	1.44		64.80	16.0	6.7	26	Y	
131/	1.18		53.10	16.7	6.1	21	Y	
141/	.91		40.95	17.0	6.5	21	Y	
151/	.73		32.85	18.9	5.9	17	Y	
161/	.64		28.80	18.6	6.3	20	Y	
171/	2.50		112.50	17.8	6.2	24	Y	
181/	2.50		112.50	18.4	5.7	20	Y	
191/	2.50		112.50	18.8	6.1	24	Y	
201/	2.50		112.50	18.9	5.9	20	Y	
211/	2.50		112.50	18.2	6.2	24	Y	
221/	2.50		112.50	16.5	6.9	29	Y	
231/	2.50		112.50	16.2	5.9	20	Y	
241/	2.50		112.50	16.4	6.5	24	Y	
251/	2.50		112.50	15.0	6.3	24	Y	
261/	2.50		112.50	18.8	6.0	20	Y	
271/	2.50		112.50	17.7	5.9	20	Y	
281/	2.50		112.50	17.0	6.5	24	Y	
291/	2.50		112.50	14.6	6.0	31	Y	
301/	2.50		112.50	15.6	6.8	29	Y	
311/	2.50		112.50	14.2	5.8	31	Y	

switched meter pumps →

1245p
930A
1110A
110p
9A
130p
1125p
630p
125p
330p
245p
930A
545p
1045A
1130A
4p
1155p
850A
940
1420
1155p
155p
655p
1045p
755p
1010
1245p
330A
1150p
530p

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/hwb-cartridge.pdf