

OHA - Drinking Water Services - Turbidity Monitoring Report Form

Cartridge or Bag Filtration

County: Lane

Month/Year: January 2025

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	25	14	11	25		.41
2	28	16	12			.64
3	25	14	11			.74
4	26	15	11			.42
5	27	16	11			.86
6	23	13	10			.74
7	22	12	10			.48
8	25	15	10			.48
9	21	12	9			.96
10	27	15	12			.75
11	20	11	9			.32
12	27	16	11			.44
13	27	16	11			.19
14	21	12	9			.25
15	21	12	9			.43
16	20	11	9			.25
17	22	12	10			.59
18	24	14	10			.39
19	27	16	11			.31
20	27	15	12			.71
21	26	16	10			.34
22	23	13	10			.44
23	26	15	11			.44
24	25	15	10			.91
25	27	15	12			.39
26	26	15	11			.30
27	21	12	9			.42
28	26	15	11			.78
29	24	13	11			.02
30	26	15	11			.36
31	25	14	11			.35

205 P
1225 P
240 P
130 P
1150 A
1 PM
5 P
215 P
1030 A
1145 A
1035 A
405 P
1055 A
940 A
915 A
1005 A
2 P
455 P
135 P
405 P
220 P
1155 A
1055 A
1150 A
1055 A
145 P
1 P
1010 A
130 P
450 P
215 P

Cartridge Filtration Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <u>Yes / No</u> All daily turbidity readings ≤ 5 NTU? <u>Yes / No</u>		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <u>Yes / No</u> All Cl ₂ residual at entry point ≥ 0.2 mg/l? <u>Yes / No</u>	
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> SIGNATURE: <u>[Signature]</u> DATE: <u>1/31/25</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: **January 2025**

Date / Time	Minimum Cl ₂ Residual at 1' 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/	.91	45	40.95	15.3	6.0	28	y	12.1
2/	2.29		103.05	14.0	6.0	30	y	
3/	1.68		75.60	12.4	6.1	34	y	
4/	1.53		68.85	13.2	6.1	33	y	
5/	1.15		51.75	13.5	6.1	32	y	
6/	.98		44.10	13.7	5.8	26	y	
7/	.56		25.20	14.3	5.7	25	y	
8/	2.50		112.50	15.8	6.0	20	y	
9/	2.50		112.50	12.5	6.2	37	y	
10/	2.06		92.7	14.7	6.4	35	y	
11/	2.12		95.40	13.9	6.0	30	y	
12/	1.08		48.60	15.7	5.3	18	y	
13/	1.13		50.85	12.6	5.9	27	y	
14/	1.03		46.35	11.3	5.8	27	y	
15/	.71		31.95	12.7	5.7	26	y	
16/	2.50		112.50	14.5	5.7	31	y	
17/	2.12		95.40	15.6	5.9	20	y	
18/	2.09		94.05	13.0	5.7	30	y	
19/	2.16		97.2	14.9	5.7	30	y	
20/	1.62		72.9	13.5	5.8	29	y	
21/	1.70		76.5	10.8	6.0	29	y	
22/	1.53		68.85	10.7	5.8	28	y	
23/	1.13		50.85	12.4	5.7	27	y	
24/	.85		38.25	14.5	6.1	31	y	
25/	.72		32.40	17.1	5.3	17	y	
26/	2.50		112.50	15.3	6.5	24	y	
27/	2.50		112.50	11.5	6.3	37	y	
28/	1.76		79.20	10.0	5.8	29	y	
29/	1.46		65.70	9.5	5.7	28	y	
30/	1.02		45.90	11.3	5.9	27	y	
31/	.83		37.35	13.4	5.7	26	y	

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