

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year: Feb 2025

System Name: <u>Camp Baker BSA</u>		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		.35
2	22	20	2			.90
3	21	19	2			.28
4	20	19	1			.20
5	22	20	2			.31
6	21	19	2			.83
7	21	19	2			.49
8	20	18	2			.89
9	20	18	2			.46
10	21	19	2			.35
11	21	19	2			.86
12	21	18	3			.94
13	20	18	2			.78
14	20	18	2			.43
15	21	19	2			.29
16	20	18	2			.35
17	20	18	2			.43
18	21	19	2			.38
19	21	19	2			.62
20	21	19	2			.36
21	20	18	2			.38
22	20	18	2			.23
23	20	19	(1)			.05
24	21	22	(1)			.44
25	21	22	(1)			.34
26	20	23	(3)			.34
27	21	24	(3)			.40
28	21	23	(2)			.41
29						
30						
31						

1025A
12P
105P
1220P
725P
1125A
920A
915A
1050A
950A
11A
155P
230P
825A
1010A
710P
105P
1215P
4P
9A
835A
1135A
2P
1240P
11A
3P
1110A

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<u>Yes / No</u>	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<u>Yes / No</u>	<u>Yes / No</u>	<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>Stari Anderson</u> SIGNATURE: <u>[Signature]</u> DATE: <u>2-28-25</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.

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: **Camp Baker B.S.A** ID #41: **91786** WTP: Month/Year: **Feb 2025**

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/	.79	45	35.55	14.3	6.3	31	y	1201
2/	.92		41.40	12.0	6.0	26	y	
3/	2.11		94.95	13.5	5.8	30	y	
4/	1.41		63.45	13.1	5.2	28	y	
5/	1.29		58.05	12.3	6.1	27	y	
6/	.89		40.05	14.6	5.8	26	y	
7/	.81		36.45	10.7	6.0	26	y	
8/	.77		34.65	17.6	5.2	17	y	
9/	2.44		109.8	15.0	5.5	20	y	
10/	2.49		112.05	12.2	6.0	31	y	
11/	1.67		75.15	9.9	5.9	38	y	
12/	1.28		57.60	11.4	6.1	33	y	
13/	.69		31.05	13.2	6.4	31	y	
14/	.63		28.35	11.7	6.0	26	y	
15/	2.50		112.50	15.0	6.5	24	y	
16/	2.50		112.50	11.6	6.1	39	y	
17/	1.14		51.3	13.3	5.8	27	y	
18/	.87		39.15	13.5	5.5	26	y	
19/	.86		38.7	14.0	5.9	26	y	
20/	.83		37.35	13.5	6.2	31	y	
21/	.74		33.3	13.4	5.8	26	y	
22/	1.43		64.35	17.7	5.5	19	y	
23/	1.06		47.7	15.3	5.7	18	y	
24/	.77		34.65	15.9	6.1	20	y	
25/	.63		28.35	15.0	5.8	17	y	
26/	.49		22.05	15.0	6.2	20	y	
27/	.78		35.10	14.8	5.6	26	y	
28/	.84		37.80	13.8	5.6	26	y	
29/								
30/								
31/								

added chlorine boost

added 1 cup chlorine tank

added chlo. boost

added chlorine boost

added chlorine boost

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