

OHA - Drinking Water Services - Turbidity Monitoring Report Form

Cartridge or Bag Filtration

County: Lane

Month/Year: March 2025

System Name: <u>Camp Baker BSA</u>		ID# <u>41-91786</u>		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	21	23	(2)	25		.89
2	21	23	(2)			.49
3	21	23	(2)			.58
4	20	23	(3)			.14
5	20	23	(3)			.65
6	21	23	(2)			.38
7	21	23	(2)			.38
8	20	23	(3)			.82
9	21	23	(2)			.77
10	20	22	(2)			.25
11	20	22	(2)			.14
12	21	23	(2)			.18
13	19	21	(2)			.53
14	18	21	(3)			.72
15	19	21	(2)			.40
16	19	21	(2)			.46
17	19	21	(2)			.41
18	19	22	(2)			.46
19	19	21	(2)			.52
20	19	21	(2)			.42
21	19	21	(2)			.47
22	19	21	(2)			.84
23	19	22	(3)			.77
24	19	21	(2)			.84
25	19	21	(2)			.43
26	18	20	(2)			.26
27	19	20	(1)			.32
28	19	21	(2)			.10
29	19	21	(2)			.41
30	19	21	(2)			.27
31	19	21	(2)			.31

1005A
325P
1020A
430P
1055A
1145A
910A
1130A
625P
315P
620P
2P
255P
110P
105P
1130A
845A
11A
1010A
1130A
1225P
1045A
345P
1115A
1145A
325P
1230P
415P
130P
11A
1025

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>3-31-25</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: **March 2025**

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ² [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT CXT	Temp [°C]	pH	Required CT Use tables	CT Met? ² Yes / No	Peak Hourly Demand Flow [GPM]
1/	2.50	45	112.50	13.4	5.9	31	y	12.1
2/	1.94		87.3	14.4	6.2	35	y	
3/	1.09		49.05	14.9	5.5	27	y	
4/	1.09		49.05	13.7	6.0	27	y	
5/	.76		34.20	12.3	5.8	26	y	
6/	.44		19.8	16.2	6.8	17	y	
7/	.72		32.4	14.2	6.4	31	y	
8/	.64		28.8	16.3	6.2	20	y	
9/	.86		38.7	13.9	6.2	31	y	
10/	.71		31.95	16.5	6.0	17	y	
11/	2.08		93.6	14.4	6.4	35	y	
12/	.90		40.5	13.4	5.7	26	y	
13/	.94		42.3	13.1	5.8	26	y	
14/	.75		33.75	13.6	5.7	26	y	
15/	1.78		80.10	16.1	6.1	23	y	
16/	1.56		70.2	15.8	5.5	19	y	
17/	1.64		73.8	11.8	5.7	29	y	
18/	.90		40.5	15.5	5.9	18	y	
19/	.86		38.7	11.0	6.0	26	y	
20/	.65		29.25	12.8	6.0	26	y	
21/	.98		44.1	14.6	6.3	31	y	
22/	1.90		85.5	14.6	6.0	29	y	
23/	1.63		73.75	14.2	6.0	29	y	
24/	1.37		61.65	12.2	6.4	33	y	
25/	1.19		53.55	14.5	5.7	27	y	
26/	.81		36.45	12.9	6.0	26	y	
27/	.63		28.35	15.1	5.9	17	y	
28/	.62		27.90	14.8	5.7	26	y	
29/	2.44		109.8	16.8	6.2	24	y	
30/	2.24		100.8	12.5	6.1	36	y	
31/	1.92		86.4	12.4	6.2	35	y	

added chlorine boost
main water line broke, lost ~5000 gpd

added chlorine boost

added chlorine boost

added chl. 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