OHA - Drinking Water Services – Turbidity Monitoring Report Form
Cartridge or Bag Filtration

County: Lane

Month/Year: April 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	19	21	2	25		.90	350P
2	19	21	2			.48	320P
3	19	21	2			.31	1055A
4	19	20	1			.48	135P
5	19	21	2			.64	245P
6	19	21	2			.40	540P
7	19	21	2			.42	1155A
8	19	21	2			.47	1135A
9	19	21	2			.35	505P
10	19	21	2			.42	1050A
11	19	21	2			.42	1050A
12	19	21	2			.84	1125A
13	19	21	2			.39	805P
14	19	21	2			.27	1025A
15	19	21	2			.35	550P
16	19	21	2			.42	920A
17	19	21	2			.48	1005A
18	19	21	2			.34	1015A
19	19	21	2			.47	255P
20	20	22	2			.69	1050A
21	19	21	2			.45	1140A
22	19	21	2			.47	935A
23	19	21	2			.36	455P
24	19	21	2			.44	810A
25	20	22	2			.72	910A
26	20	22	2			.64	935A
27	19	21	2			.77	920A
28	19	21	2			.29	215P
29	19	21	2			.50	1030A
30	19	20	1			.39	650P
31							

Cartridge Filtration Monthly Summary	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? (Yes / No) All daily turbidity readings ≤ 5 NTU? Yes / No	CT's met everyday? (see back) Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? 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: [signature]	DATE: 4/30/25
	PHONE #: (541) 997-3526	CERT #: N/A

[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: April 2015

Date / Time	Minimum Cl_2 Residual at 1st User (C) [2]	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? [2]	Peak Hourly Demand Flow	
	[ppm or mg/L]	[minutes]	C x T	[°C]		Use tables	Yes / No	[GPM]	
1 /	1.44	45	64.8	14.0	5.8	28	Y	12.1	350 P
2 /	1.08		48.6	15.2	5.9	18	Y		320 P
3 /	.72		32.40	15.1	5.9	17	Y		1055 A
4 /	.65		29.25	15.9	6.1	20	Y		135 P
5 /	.59		26.55	16.3	5.7	17	Y		245 P
added chlorine boost → 6 /	.51		22.95	15.7	5.9	17	Y		540 P
7 /	1.71		76.95	13.2	5.9	29	Y		1155 A
8 /	1.93		86.85	16.7	6.2	23	Y		1135 A
9 /	1.73		77.85	15.4	6.2	23	Y		505 P
10 /	1.05		47.25	16.6	6.1	21	Y		1050 A
11 /	.88		39.6	16.3	6.0	18	Y		1050 A
12 /	.66		29.7	16.2	5.9	17	Y		1125 A
added chlorine boost ↓ 13 /	.71		31.95	14.7	5.8	26	Y		805 P
14 /	.60		27.0	14.2	5.7	26	Y		1025 A
15 /	1.97		88.65	17.9	5.7	19	Y		555 P
16 /	1.61		72.45	17.8	5.6	19	Y		920 A
17 /	1.16		52.20	17.5	5.5	18	Y		1005 A
18 /	1.01		45.45	17.8	5.8	18	Y		1015 A
added chlorine boost → 19 /	.73		32.85	17.9	5.4	17	Y		255 P
20 /	2.50		112.5	15.7	6.3	24	Y		1050 A
21 /	2.50		112.5	14.8	5.9	31	Y		1140 P
22 /	1.94		87.3	16.1	6.2	23	Y		935 A
23 /	.72		32.4	17.5	5.4	17	Y		455 P
added chlorine boost → 24 /	.54		24.3	17.8	5.3	17	Y		810 A
25 /	1.49		67.05	16.1	5.4	19	Y		910 A
26 /	.98		44.1	16.5	5.6	18	Y		935 A
27 /	.74		33.3	16.2	5.6	17	Y		920 A
28 /	.62		27.9	17.3	5.5	17	Y		215 P
29 /	1.71		76.95	17.9	5.3	19	Y		1020 A
30 /	1.40		63.0	16.8	5.4	18	Y		650 P
31 /									

[2] If Cl_2 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/surb-cartridge.pdf