

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year: May 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 (NTU)
1	19	21	(2)	25		.70
2	19	20	(1)			.74
3	19	20	(1)			.43
4	19	20	(1)			.62
5	18	20	(2)			.42
6	18	20	(2)			.47
7	18	19	(1)			.25
8	18	19	(1)			.47
9	17	18	(1)			.89
10	16	18	(2)			.18
11	17	19	(2)			.23
12	17	19	(2)			.03
13	17	19	(2)			.49
14	14	15	(1)			.59
15	16	18	(2)			.79
16	16	18	(2)			.20
17	16	17	(1)			.86
18	15	17	(2)			.42
19	16	17	(1)			.41
20	16	18	(2)			.66
21	16	18	(2)			.53
22	16	18	(2)			.36
23	16	18	(2)			.39
24	16	18	(2)			.20
25	16	18	(2)			.29
26	16	18	(2)			.44
27	16	18	(2)			.34
28	16	18	(2)			.31
29	16	18	(2)			.38
30	16	17	(1)			.20
31	16	17	(1)			.62

815
1005 A
1155 P
1105 A
11A
3P
10 A
1050 P
1040 A
1010 A
1255 P
1105 A
1245 P
1220 P
1145 A
1140 A
1155 A
355 P
1215 P
415 P
1055 A
725 P
1005 A
1205 P
1140 A
725 P
1125 A
1145 A
1235 P
415 P
1120 A

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>Stan Anderson</u> DATE: <u>5-31-25</u> PHONE #: <u>(541) 997-3526</u> CERT #: <u></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: May 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]	C X T	[°C]		Use tables	Yes / No	[GPM]
1/	1.38	45	62.1	16.1	5.7	18	y	12.1
2/	1.16		52.2	15.7	5.9	18	y	
3/	1.67		30.15	15.9	6.0	17	y	
4/	2.50		112.50	15.5	6.2	24	y	
5/	2.50		112.50	15.9	6.1	24	y	
6/	2.50		112.50	18.6	5.8	20	y	
7/	2.50		112.50	17.2	5.7	20	y	
8/	2.50		112.50	16.7	5.9	20	y	
9/	2.50		112.50	17.6	5.6	20	y	
10/	2.50		112.50	16.4	6.3	24	y	
11/	2.50		112.50	16.9	5.7	20	y	
12/	2.50		112.50	16.8	5.8	20	y	
13/	2.50		112.50	17.4	5.9	20	y	
14/	2.50		112.50	17.4	5.8	20	y	
15/	2.50		112.50	17.4	6.0	20	y	
16/	2.50		112.50	17.5	5.7	20	y	
17/	2.50		112.50	16.7	6.6	29	y	
18/	2.50		112.50	16.8	6.3	24	y	
19/	2.50		112.50	16.2	6.3	24	y	
20/	2.50		112.50	16.0	6.1	24	y	
21/	2.50		112.50	18.0	5.7	20	y	
22/	2.50		112.50	16.4	6.5	24	y	
23/	2.50		112.50	17.4	5.6	20	y	
24/	2.50		112.50	17.0	5.7	20	y	
25/	2.50		112.50	17.2	5.8	20	y	
26/	2.50		112.50	17.5	6.0	20	y	
27/	2.50		112.50	17.3	5.9	20	y	
28/	2.50		112.50	17.6	6.0	20	y	
29/	2.50		112.50	17.9	6.0	20	y	
30/	2.50		112.50	18.0	5.8	20	y	
31/	2.50		112.50	17.6	5.5	20	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