

OHA - Drinking Water Services - Turbidity Monitoring Report Form

Cartridge or Bag Filtration

County: Lane

Month/Year: August 2025

System Name: Camp Baker BSA BS-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	8	7	1	25		.31
2	6	6	—	7		.42
3	8	8	—			.90
4	8	7	1			.33
5	7	6	1			.41
6	8	4	4			.31
7	8	6	2			.37
8	9	6	3			.72
9						
10	closed					
11						
12	9	7	2			.42
13	8	6	2			.30
14	8	6	2			.28
15	7	5	2			.27
16	8	6	2			.56
17	8	6	2			.20
18	9	6	3			.30
19	9	6	3			.34
20	10	6	4			.32
21	13	2	11			.05
22	18	0	18			.89
23	19	0	19			.20
24	24	0	24			.19
25	22	0	22			.31
26	3	4	(1)			.29
27	5	6	(1)			.48
28	5	8	(3)			.89
29	5	6	(1)			.94
30	4	6	(2)			.14
31	5	8	(3)			

140P
110A
1050A
1130A
515P
145A
925A
920A
715P
220P
645P
545P
825A
220P
1130A
935A
1145A
1020A
245P
1035A
620P
120P
255P
530P
115P
1020A
105P
315pm

closed
new float
changed 1 micron filter
changed 5 micron filter

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <u>Yes/No</u>	All daily turbidity readings ≤ 5 NTU? <u>Yes/No</u>	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>8-31-25</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: **August 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/	2.50	45	112.5	18.6	6.4	24	y	12.1
2/	2.50		112.50	18.7	5.9	20	y	
3/	2.50		112.50	18.1	6.1	24	y	
4/	2.50		112.50	17.9	5.8	20	y	
5/	2.50		112.50	17.7	6.0	20	y	
6/	2.50		112.50	19.1	6.0	20	y	
7/	2.50		112.50	18.3	6.3	24	y	
8/	2.50		112.50	18.5	6.7	29	y	
9/								
10/	closed							
11/								
12/	2.50		112.50	17.8	6.4	24	y	
13/	2.50		112.50	18.8	7.1	36	y	
14/	2.50		112.50	19.7	6.6	29	y	
15/	2.50		112.50	18.6	6.7	29	y	
16/	2.50		112.50	20.1	6.4	18	y	
17/	2.50		112.50	19.1	6.2	24	y	
18/	2.50		112.50	19.3	6.6	29	y	
19/	2.50		112.50	18.8	6.7	29	y	
20/	2.50		112.50	18.8	6.0	20	y	
21/	2.50		112.50	19.6	6.0	20	y	
22/	2.50		112.50	20.6	5.8	15	y	
23/	2.50		112.50	19.6	6.0	20	y	
24/	2.50		112.50	19.8	6.1	24	y	
25/	2.50		112.50	18.5	6.0	20	y	
26/	2.50		112.50	19.9	6.0	20	y	
27/	2.50		112.50	19.0	6.4	24	y	
28/	2.50		112.5	18.3	6.2	24	y	
29/	2.50		112.5	17.8	6.9	29	y	
30/	2.50		112.5	18.0	6.4	24	y	
31/	2.50		112.5	18.4	7.0	29	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/hwb-cartridge.pdf