

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lane

Cartridge or Bag Filtration

Month/Year: Sept 2005

System Name: <u>Camp Baker BSA</u>		ID# <u>41-91786</u>		WTP ID: <u>-</u>		
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	5	8	(3)	25		.64
2	6	8	(2)			.89
3	5	8	(3)			.66
4	5	7	(2)			.24
5	5	8	(3)			.38
6	5	8	(3)			.41
7	5	8	(3)			.35
8	5	8	(3)			.47
9	6	8	(2)			.29
10	5	8	(3)			.44
11	5	8	(3)			.75
12	7	8	(1)			.41
13	6	8	(2)			.61
14	5	8	(3)			.23
15	8	9	(1)			.43
16	6	7	(1)			.46
17	5	8	(3)			.31
18	7	8	(1)			.68
19	7	8	(1)			.27
20	8	8	-			.39
21	9	8	1			.58
22	8	8	-			.38
23	8	8	-			.65
24	9	8	1			.93
25	9	8	1			.94
26	8	8	-			.89
27	10	8	2			.43
28	10	7	3			.59
29	10	7	3			.29
30	10	7	3			.49
31						

1140A
1120A
530P
345P
1255P
420P
112P
1155P
1220P
530P
1P
3P
815A
1215P
12P
155P
1P
1115A
145P
755A
1110A
940A
125P
1120A
1155A
850A
1115A
920A
12P
1045A

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>Stori Anderson</u> SIGNATURE: <u>[Signature]</u> DATE: <u>9-30-05</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: **Sept. 2015**

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	112.50	17.7	6.6	29	y	12.1
2/	2.50		112.50	17.8	6.2	24	y	
3/	2.50		112.50	18.1	6.3	24	y	
4/	2.50		112.50	18.4	6.6	29	y	
5/	2.50		112.50	17.9	7.0	29	y	
6/	2.50		112.50	17.9	6.8	29	y	
7/	2.50		112.50	18.3	6.5	24	y	
8/	2.50		112.50	17.8	7.0	29	y	
9/	2.50		112.50	17.7	6.5	24	y	
10/	2.50		112.50	18.0	6.6	29	y	
11/	2.50		112.50	17.8	6.9	29	y	
12/	2.50		112.50	17.9	6.5	24	y	
13/	2.50		112.50	17.1	6.5	24	y	
14/	2.50		112.50	17.6	6.7	29	y	
15/	2.50		112.50	17.4	6.7	29	y	
16/	2.50		112.50	17.6	6.8	29	y	
17/	2.50		112.50	17.8	6.5	24	y	
18/	2.50		112.50	17.4	6.4	24	y	
19/	2.50		112.50	17.4	6.5	24	y	
20/	2.50		112.50	16.9	6.1	24	y	
21/	2.50		112.50	17.3	6.6	29	y	
22/	2.50		112.50	16.6	6.3	24	y	
23/	2.50		112.50	16.7	6.4	24	y	
24/	2.50		112.50	16.7	6.4	24	y	
25/	2.50		112.50	17.2	6.3	24	y	
26/	2.50		112.50	18.1	6.4	24	y	
27/	2.50		112.50	17.5	6.4	24	y	
28/	2.50		112.50	17.6	5.9	20	y	
29/	2.50		112.50	17.3	6.1	24	y	
30/	2.50		112.50	15.9	6.2	24	y	
31/								

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