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

County: Lane

Month/Year: November 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		None	None	25			
2							
3	10	3	7			.86	440 AM
4	10	4	6			.86	950 A
5	11	4	7			.48	155 P
6	12	5	7			.44	1235 P
7	12	7	5			.48	1120 A
8	12	4	8			.50	1130 A
9	12	5	7			.26	315 P
10	12	6	6			.37	12
11	12	6	6			.24	215 P
12	12	5	7			.48	1030 A
13	12	5	7			.55	445 P
14	12	6	6			.31	725 P
15	12	4	8			.88	850 A
16	12	5	7			.74	1255 P
17	12	6	6			.94	1245 P
18 (new gauge)	12	15	(3)			.18	1210 P
19	12	15	(3)			.90	1255 P
20	12	15	(3)			.81	745 A
21	12	15	(3)			.36	10 A
22	13	15	(2)			.65	835 A
23	12	15	(3)			.58	1025 A
24	10	16	(6)			.41	240 P
25	13	15	(2)			.45	435 P
26	13	15	(2)			.78	235 P
27	13	15	(2)			.13	945 A
28	13	16	(3)			.21	210 P
29	13	17	(4)			.38	1 P
30	13	15	(2)			.90	1210 P
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 Cl_2 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: 11-30-25

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#1: 91786 WTP-: Month/Year: NOV. 2025

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 /		45						12.1
2 /	NO [illegible]	INS [illegible]						
3 /	1.18		53.10	17.0	6.3	21	Y	440P
4 /	.78		35.10	15.2	6.1	20	Y	950A
5 /	.65		29.25	15.5	5.9	17	Y	135P
6 /	.59		26.55	15.7	5.6	17	Y	1035P
7 /	2.29		103.05	17.5	5.8	20	Y	1120P
8 /	2.50		112.50	19.3	6.2	24	Y	1130A
9 /	2.50		112.50	17.9	5.9	20	Y	345P
10 /	2.50		112.50	14.8	6.1	37	Y	12—
11 /	2.50		112.50	16.2	6.2	24	Y	215P
12 /	2.50		112.50	16.2	5.9	20	Y	1050A
13 /	2.50		112.50	15.9	5.8	20	Y	445P
14 /	2.50		112.50	16.0	6.0	20	Y	225P
15 /	2.50		112.50	15.0	6.0	20	Y	550A
16 /	2.50		112.50	15.6	6.5	24	Y	1255P
17 /	2.50		112.50	16.1	6.0	20	Y	1205A
18 /	2.50		112.50	15.9	5.6	20	Y	1210P
19 /	2.50		112.50	14.7	6.0	31	Y	1255P
20 /	2.50		112.50	13.8	5.8	31	Y	745A
21 /	2.50		112.50	17.8	6.5	24	Y	60A
22 /	2.50		112.50	18.7	5.6	20	Y	835A
23 /	2.50		112.50	18.7	5.6	20	Y	1025A
24 /	2.50		112.50	13.9	6.2	37	Y	210P
25 /	2.50		112.50	15.1	5.9	20	Y	435P
26 /	2.50		112.50	13.1	6.0	31	Y	235P
27 /	2.50		112.50	14.2	6.4	37	Y	945A
28 /	2.50		112.50	14.3	6.2	37	Y	210A
29 /	2.50		112.50	14.4	6.3	37	Y	1A
30 /	2.50		112.50	13.6	6.0	31	Y	1210P
31 /								

chlorine boost! system + each tank

[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/lurb-cartridge.pdf