

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

County: Lane
 Month/Year: Dec. 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	11	15	(4)	25		.44
2	11	18	(7)			.55
3	11	17	(6)			.36
4	12	15	(3)			.58
5	15	17	(2)			.26
6	13	16	(3)			.45
7	13	17	(4)			.39
8	12	17	(5)			.44
9	14	16	(2)			.74
10	12	16	(4)			.45
11	13	15	(2)			.14
12	14	15	(1)			.31
13	13	16	(3)			.11
14	12	16	(4)			.86
15	14	16	(2)			.46
16	13	16	(3)			.42
17	15	16	(1)			.39
18	14	16	(2)			.48
19	15	16	(1)			.41
20	14	15	(1)			.51
21	13	16	(3)			.94
22	15	16	(1)			.35
23	14	16	(2)			.42
24	15	17	(2)			.44
25	15	16	(1)			.28
26	13	16	(3)			.38
27	15	16	(1)			.11
28	15	16	(1)			.18
29	15	16	(1)			.32
30	15	15	(-)			.29
31	15	16	(1)			.40

105P
 1210P
 225P
 1145A
 320P
 440P
 1235P
 250P
 1240P
 235P
 520P
 845A
 835A
 1045A
 1235P
 335P
 1255P
 140P
 240P
 225P
 330P
 215P
 830A
 125P
 245P
 10.25A
 290P
 130P
 1015A
 435P
 1105A

Cartridge Filtration Monthly Summary	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 8 NTU? Yes/No 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: <i>Stan Anderson</i>	DATE: 12/31/25
	PHONE #: (541) 997-3526	CERT #: N/A

Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in 'Daily Turbidity Reading' Column may not correspond to continuous readings' maximum.
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OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: **Camp Baker B.S.A** ID#: **91786** WTP: _____ Month/Year: **Dec. 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/	1.77	45	79.65	14.7	6.2	34	Y	12.1
2/	2.50		112.50	12.6	6.2	37	Y	
3/	2.50		112.50	13.4	6.3	37	Y	
4/	2.50		112.50	14.7	6.2	39	Y	
5/	2.50		112.50	12.5	6.2	37	Y	
6/	2.50		112.50	14.1	6.0	31	Y	
7/	2.50		112.50	12.9	6.2	37	Y	
8/	2.50		112.50	13.0	6.5	37	Y	
9/	2.50		112.50	14.8	6.5	37	Y	
10/	2.50		112.50	13.4	7.0	44	Y	
11/	2.50		112.50	15.4	6.9	29	Y	
12/	2.50		112.50	14.3	6.6	44	Y	
13/	2.50		112.50	14.1	6.3	37	Y	
14/	2.50		112.50	14.5	6.3	37	Y	
15/	2.50		112.50	15.6	6.2	24	Y	
16/	2.50		112.50	14.3	6.3	37	Y	
17/	2.50		112.50	16.1	6.4	24	Y	
18/	2.50		112.50	14.1	6.3	37	Y	
19/	2.50		112.50	14.1	6.2	37	Y	
20/	2.50		112.50	14.7	6.3	37	Y	
21/	2.50		112.50	15.7	6.8	29	Y	
22/	2.50		112.50	13.0	6.5	37	Y	
23/	2.50		112.50	14.4	5.6	31	Y	
24/	2.50		112.50	15.1	6.4	24	Y	
25/	2.50		112.50	13.0	6.1	37	Y	
26/	2.50		112.50	12.3	6.1	37	Y	
27/	2.50		112.50	14.1	6.4	37	Y	
28/	2.03		91.35	14.6	6.3	35	Y	
29/	2.50		112.50	11.3	6.1	37	Y	
30/	2.50		112.50	12.1	6.4	37	Y	
31/	2.50		112.50	14.1	6.5	37	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