

OHA - Drinking Water Services - Turbidity Monitoring Report Form

Cartridge or Bag Filtration

County: Lane

Month/Year: January 2026

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	15	16	(1)	25		.41
2	14	16	(2)			.45
3	15	16	(1)			.34
4	13	16	(3)			.48
5	14	17	(3)			.82
6	15	16	(1)			.55
7	15	16	(1)			.71
8	15	17	(2)			.80
9	15	17	(2)			.31
10	15	16	(1)			.48
11	13	16	(3)			.40
12	14	17	(3)			.58
13	15	16	(1)			.55
14	15	16	(1)			.28
15	15	16	(1)			.75
16	15	16	(1)			.98
17	15	16	(1)			.14
18	15	16	(1)			.22
19	15	17	(2)			.77
20	14	16	(2)			.89
21	15	17	(2)			.43
22	14	16	(2)			.77
23	14	16	(2)			.89
24	14	16	(2)			.11
25	15	16	(1)			.64
26	14	16	(2)			.67
27	15	16	(1)			.52
28	14	16	(2)			.73
29	14	16	(2)			.51
30	13	16	(3)			.36
31	14	16	(2)			.74

125P
340P
445P
1P
1P
1050A
130P
2250P
1030A
605A
450P
430P
240P
405P
605P
135P
345P
1220P
440P
410P
1150A
2P
345P
5P
1015A
110P
1035A
610P
320P
1220P
1030A

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> 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.		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> PRINTED NAME: <u>Stan Anderson</u> SIGNATURE: <u>[Signature]</u> DATE: <u>1-31-26</u> PHONE #: <u>(541) 997-3526</u> CERT #: <u>N/A</u>	
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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 BSA** ID#1: **91786** WTP: Month/Year: **January 2026**

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	12.4	6.1	37	y	12.1
2/	2.50	7	112.50	14.0	6.0	31	y	7
3/	2.50		112.50	13.0	6.8	44	y	
4/	2.41		108.45	14.4	6.2	37	y	
5/	2.50		112.50	13.9	6.2	37	y	
6/	2.50		112.50	12.9	6.6	44	y	
7/	2.50		112.50	13.6	6.5	37	y	
8/	2.50		112.50	13.8	6.2	37	y	
9/	2.50		112.50	14.8	6.0	31	y	
10/	2.50		112.50	12.1	6.1	37	y	
11/	2.50		112.50	15.1	6.1	24	y	
12/	2.50		112.50	12.6	6.9	44	y	
13/	2.50		112.50	12.7	6.7	44	y	
14/	2.50		112.50	13.5	6.5	37	y	
15/	2.50		112.50	11.9	6.4	37	y	
16/	2.50		112.50	14.6	6.4	37	y	
17/	2.50		112.50	15.0	6.5	24	y	
18/	2.50		112.50	14.5	6.6	44	y	
19/	2.27		102.15	12.8	6.2	36	y	
20/	2.50		112.50	13.0	6.4	37	y	
21/	2.50		112.50	10.8	6.4	37	y	
22/	2.50		112.50	11.8	6.2	37	y	
23/	2.50		112.50	14.3	6.5	37	y	
24/	2.50		112.50	12.3	7.1	53	y	
25/	2.50		112.50	11.2	6.6	44	y	
26/	2.48		111.6	14.1	6.9	44	y	
27/	2.50		112.50	14.1	6.3	37	y	
28/	2.50		112.50	14.8	6.7	44	y	
29/	2.36		106.2	11.8	5.9	30	y	
30/	2.46		110.7	12.1	6.2	37	y	
31/	2.50		112.5	11.4	6.4	37	y	

² 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