

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

County: Lane
 Month/Year: Feb. 2026

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	12	16	(4)	25		.78	
2	14	17	(3)			.47	
3	14	15	(1)			.51	
4	13	16	(3)			.81	
5	14	16	(2)			.41	
6	13	16	(3)			.47	
7	14	16	(2)			.84	
8	15	17	(2)			.50	
9	14	17	(3)			.36	
10	15	16	(1)			.71	
11	14	17	(3)			.78	
12	13	16	(3)			.48	
13	14	16	(2)			.37	
14	15	16	(1)			.50	
15	14	17	(3)			.62	
16	15	16	(1)			.65	
17	13	16	(3)			.84	
18	15	17	(2)			.78	
19	15	16	(1)			.56	
20	15	16	(1)			.51	
21	14	16	(2)			.40	
22	15	16	(1)			.63	
23	} closed camp }						
24							
25							
26							
27							
28	} no one here }						
29							
30							
31							

245p
 930A
 12P
 1015A
 1255P
 915A
 620A
 315P
 1030A
 2P
 425P
 450P
 235P
 1040A
 1240P
 1110A
 430P
 405P
 935A
 8A
 6A
 620A

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 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 recommendations; 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>2/22/26</u>
		PHONE #: <u>(541) 997-3526</u>	CURT: <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.
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OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: **Camp Baker B.S.A** ID#41: **91786** WTP: Month/Year: **Feb, 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	11.7	6.0	31	y	12.1
2/	2.50		112.50	11.5	6.0	31	y	
3/	2.50		112.50	11.5	6.4	37	y	
4/	2.50		112.50	14.1	6.8	44	y	
5/	2.50		112.50	12.1	7.1	53	y	
6/	2.50		112.50	12.5	6.5	37	y	
7/	2.50		112.50	12.6	6.9	44	y	
8/	2.50		112.50	13.4	6.4	37	y	
9/	2.50		112.50	11.9	6.5	37	y	
10/	2.50		112.50	13.8	6.5	37	y	
11/	2.50		112.50	11.8	7.3	53	y	
12/	2.50		112.50	12.3	6.7	44	y	
13/	2.46		110.70	15.0	7.0	29	y	
14/	2.50		112.50	14.0	7.0	44	y	
15/	2.50		112.50	12.7	7.1	53	y	
16/	2.50		112.50	15.3	6.9	29	y	
17/	2.50		112.50	12.3	6.8	44	y	
18/	2.50		112.50	11.3	8.1	78	y	
19/	2.50		112.50	11.9	7.1	53	y	
20/	2.44		109.80	12.5	8.1	78	y	
21/	2.48		111.6	15.1	7.6	43	y	
22/	2.50		112.50	14.9	7.2	53	y	
23/	Closed camp -							
24/	time off -							
25/	no one here							
26/								
27/								
28/								
29/								
30/								
31/								

245P
930A
12P
1015A
1255P
815A
620A
315P
1030A
2P
425P
450P
235P
1000A
1200P
1110A
430P
405P
935A
8A
6A
620A

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/lurb-cartridge.pdf