

OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Josephine Cartridge or Bag Filtration

System Name: NPS OREGON CAVES NATL MON ID #: OR4191998 **WTP:** WTP-A **Month/Year:** Feb/2021

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	40	30	10	25	.178	.182
2	40	30	10	25	.178	.180
3	40	20	12	25	.177	.194
4	40	27	13	25	.186	.198
5	40	34	6	25	.189	.198
6	40	30	10	25	.188	.194
7	40	32	8	25	.189	.198
8	40	30	10	25	.185	.198
9	40	32	8	25	.184	.196
10	40	30	10	25	.189	.199
11	40	34	6	25	.190	.200
12	40	31	9	25	.190	.198
13	40	29	11	25	.191	.198
14	40	28	12	25	.192	.198
15	40	26	14	25	.191	.199
16	40	33	7	25	.192	.197
17	40	31	9	25	.192	.198
18	40	28	12	25	.192	.198
19	40	34	6	25	.191	.198
20	40	32	8	25	.190	.196
21	40	32	8	25	.192	.194
22	40	30	10	25	.191	.196
23	40	32	8	25	.192	.198
24	40	30	10	25	.193	.199
25	40	33	7	25	.194	.199
26	41	20	13	25	.194	.198
27	40	32	8	25	.196	.195
28	40	30	10	25	.196	.195
29						
30						
31						

<p>Cartridge Filtration</p> <p>95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / No</p> <p>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.</p> <p style="text-align: right; color: red;">MAR 10 2021</p> <p style="text-align: center; color: blue;">Data Mgmt & Compliance Drinking Water Program</p>	<p style="text-align: center;">Monthly Summary (Answer Yes or No)</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No</td> <td style="width: 50%;">All Cl₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No</td> </tr> </table> <p>PRINTED NAME: <u>KRES MONTRAE</u></p> <p>SIGNATURE: </p> <p>DATE: <u>3-1-2021</u></p> <p>PHONE #: <u>(541) 892 2100</u> EXT. <u>2255</u></p> <p>CERT #: <u>D-69444</u></p>	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No
CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No		

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

NPS OREGON CAVES NATL MON ID #: OR4191998 WTP-: WTP-A Month/Year: Feb/2021

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 / 1000	1.0	300	300	17	7.7	30	Yes	25
2 / 1200	1.0	300	300	17	7.7	30	Yes	25
3 / 0900	1.0	300	300	17	7.7	30	Yes	25
4 / 0930	1.0	300	300	17	7.7	30	Yes	25
5 / 1330	1.0	300	300	17	7.7	30	Yes	25
6 / 1100	1.0	300	300	17	7.7	30	Yes	25
7 / 0930	1.0	300	300	17	7.7	30	Yes	25
8 / 1000	1.0	300	300	17	7.7	30	Yes	25
9 / 1100	1.0	300	300	17	7.7	30	Yes	25
10 / 0900	.75	300	225	17	7.7	30	Yes	25
11 / 1045	.75	300	225	17	7.7	30	Yes	25
12 / 1500	.50	300	150	17	7.7	30	Yes	25
13 / 0600	.50	300	150	17	7.7	30	Yes	25
14 / 0945	.50	300	150	17	7.7	30	Yes	25
15 / 1100	.50	300	150	17	7.7	30	Yes	25
16 / 0830	.50	300	150	17	7.7	30	Yes	25
17 / 1330	.50	300	150	17	7.7	30	Yes	25
18 / 1030	.50	300	150	17	7.7	30	Yes	25
19 / 1300	.50	300	150	17	7.7	30	Yes	25
20 / 0900	.50	300	150	17	7.7	30	Yes	25
21 / 0900	.50	300	150	17	7.7	30	Yes	25
22 / 1000	.50	300	150	17	7.7	30	Yes	25
23 / 0600	.50	300	150	17	7.7	30	Yes	25
24 / 0845	.60	300	180	17	7.7	30	Yes	25
25 / 1200	.75	300	225	17	7.7	30	Yes	25
26 / 0945	1.10	300	330	17	7.7	30	Yes	25
27 / 1100	1.00	300	300	17	7.7	30	Yes	25
28 / 1100	1.00	300	300	17	7.7	30	Yes	25
29 /								
30 /								
31 /								

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.

