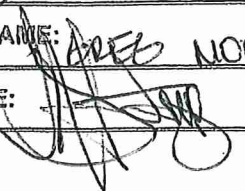


OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Josephine Cartridge or Bag Filtration

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

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	41	20	15	25	.235	.35
2	41	28	13	25	.235	.51
3	41	31	10	25	.235	.515
4	41	30	11	25	.235	.70
5	41	28	13	25	.245	.850
6	41	27	14	25	.235	.65
7	41	26	15	25	.245	.55
8	41	24	17	25	.235	.46
9	41	22	19	25	.235	.57
10	41	24	17	25	.237	.50
11	41	22	19	25	.237	.78
12	41	21	20	25	.237	.60
13	41	19	22	25	.237	.45
14	41	35	6	25	.238	.45
15	41	32	9	25	.238	.80
16	42	30	12	25	.237	.65
17	41	28	13	25	.237	.65
18	41	25	16	25	.239	.70
19	41	23	18	25	.239	1.0
20	41	27	19	25	.237	.85
21	41	21	20	25	.238	.48
22	41	20	21	25	.239	.715
23	41	35	6	25	.239	1.0
24	41	34	7	25	.237	.830
25	41	32	9	25	.237	1.0
26	41	30	11	25	.240	.90
27	41	27	14	25	.239	.86
28	41	25	16	25	.239	1.0
29	41	23	18	25	.237	.825
30	41	22	19	25	.236	.40
31						

Cartridge Filtration 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No	Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> 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: JAMES MONTAGUE SIGNATURE:  DATE: 9-30-2021 PHONE #: (541) 592-2100 EXT 2255 CERT #: D-09444

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Data Mgmt & Compliance
Drinking Water Program

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:

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]	C X T	[° C]		Use tables	Yes / No	[GPM]
1 / 1000	1.70	43	36	13	7.7	28	YES	
2 / 1030	1.65	43	49.5	13	7.7	29	YES	
3 / 1045	1.75	43	52.5	13	7.7	30	YES	
4 / 1050	1.75	43	52.5	13	7.7	30	YES	
5 / 1000	1.85	43	55.5	13	7.7	30	YES	
6 / 1015	1.90	43	57	13	7.7	30	YES	
7 / 1030	2.0	43	60	13	7.7	30	YES	
8 / 1000	2.0	43	60	13	7.7	30	YES	
9 / 1200	2.0	43	60	13	7.7	30	YES	
10 / 1330	1.90	43	57	13	7.7	30	YES	
11 / 1430	1.70	43	51	13	7.7	30	YES	
12 / 1600	1.50	43	45	13	7.7	29	YES	
13 / 1630	1.30	43	39	13	7.7	28	YES	
14 / 1630	1.20	43	36	13	7.7	28	YES	
15 / 1600	1.20	43	51.6	13	7.7	28	YES	
16 / 1630	1.20	43	51.6	13	7.7	28	YES	
17 / 1645	1.20	43	51.6	13	7.7	28	YES	
18 / 1600	1.0	43	43	13	7.7	27	YES	
19 / 1600	.85	43	36.55	13	7.7	26	YES	
20 / 1600	.80	43	31.4	13	7.7	26	YES	
21 / 1600	.90	43	38.7	13	7.7	27	YES	
22 / 1600	1.0	43	43	13	7.7	27	YES	
23 / 1600	1.0	43	43	13	7.7	27	YES	
24 / 1600	1.0	43	43	13	7.7	27	YES	
25 / 1615	1.10	43	47.30	13	7.7	28	YES	
26 / 1600	1.20	43	51.60	13	7.7	28	YES	
27 / 1600	1.25	43	53.75	13	7.7	28	YES	
28 / 1600	1.50	43	64.50	13	7.7	29	YES	
29 / 1615	1.30	43	55.90	13	7.7	28	YES	
30 / 1600	1.20	43	51.60	13	7.7	28	YES	
31 /								

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.
 Download form at: www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf

