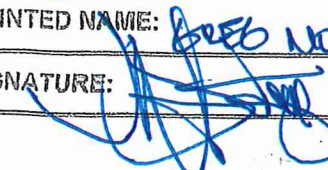


OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Josephine Cartridge or Bag Filtration

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	23	18	25	.244	.48
2	41	23	18	25	.244	.48
3	42	35	7	25	.244	1.0
4	42	30	12	25	.244	.98
5	42	24	18	25	.244	.64
6	42	30	12	25	.244	1.0
7	42	27	15	25	.244	1.0
8	42	25	17	25	.246	.48
9	42	22	20	25	.246	.43
10	42	33	9	25	.246	.88
11	42	28	14	25	.246	1.0
12	42	26	16	25	.246	1.0
13	42	32	10	25	.246	1.0
14	42	30	12	25	.248	.82
15	42	28	14	25	.246	.68
16	42	27	15	25	.246	.90
17	42	24	18	25	.248	.49
18	42	33	9	25	.248	.34
19	42	24	18	25	.248	.83
20	42	32	10	25	.248	.55
21	42	30	12	25	.248	.58
22	42	28	14	25	.248	.50
23	42	25	17	25	.248	.49
24	42	27	15	25	.248	.53
25	43	25	18	25	.248	1.0
26	44	24	20	25	.248	.83
27	43	34	9	25	.248	.61
28	42	31	11	25	.248	.82
29	42	30	12	25	.248	.78
30	42	25	17	25	.250	.63
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: BOB MONTAGUE SIGNATURE:  DATE: 12.1.2021 PHONE #: (541) 592-2100 505 2785 CERT #: 0-09444

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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1 / 1000	.75	43	32.25	13	7.7	26	YES	15.6
2 / 0900	.75	43	32.25	13	7.7	26	YES	15.83
3 / 1030	.80	43	34.4	13	7.7	26	YES	9.8
4 / 1050	1.0	43	43	13	7.7	27	YES	15
5 / 1200	1.50	43	64.50	13	7.7	29	YES	15
6 / 1015	1.25	43	53.75	13	7.7	28	YES	10
7 / 1000	1.25	43	53.75	13	7.7	28	YES	12.5
8 / 1000	1.30	43	55.90	13	7.7	28	YES	12
9 / 0930	1.35	43	58.05	13	7.7	28	YES	14.79
10 / 1000	1.10	43	47.30	13	7.7	28	YES	13.39
11 / 1000	1.0	43	43	13	7.7	27	YES	16.25
12 / 1000	.80	43	34.4	13	7.7	26	YES	16.25
13 / 1015	.85	43	36.55	13	7.7	27	YES	11.88
14 / 1000	.90	43	38.7	13	7.7	27	YES	10.42
15 / 1030	.95	43	40.85	13	7.7	27	YES	11.25
16 / 1000	1.0	43	43	13	7.7	27	YES	10.42
17 / 1000	1.0	43	43	13	7.7	27	YES	9.58
18 / 0930	1.0	43	43	13	7.7	27	YES	10.83
19 / 1030	1.90	43	81.7	13	7.7	30	YES	31.04
20 / 1000	1.90	43	81.7	13	7.7	30	YES	13.13
21 / 1030	1.90	43	81.7	13	7.7	30	YES	14.38
22 / 1000	1.90	43	81.7	13	7.7	30	YES	12.92
23 / 1000	1.90	43	81.7	13	7.7	30	YES	15.83
24 / 1100	2.0	43	86	13	7.7	30	YES	13.54
25 / 1000	2.0	43	86	13	7.7	30	YES	11.46
26 / 1030	2.0	43	86	13	7.7	30	YES	12.5
27 / 1030	2.0	43	86	13	7.7	30	YES	14.38
28 / 1000	1.80	43	77.40	13	7.7	30	YES	11.46
29 / 1000	1.70	43	73.10	13	7.7	30	YES	12.08
30 / 1000	1.60	43	68.80	13	7.7	29	YES	11.25
31 /								

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

REVIEWED
Data Compliance
Drinking Water Program

