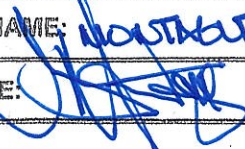


SEPTEMBER

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: **SEPT 2022**

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	42	30	12	25	.038	.12
2	42	29	13	25	.040	.10
3	42	29	13	25	.043	.10
4	42	28	14	25	.044	.10
5	42	26	16	25	.045	.10
6	42	24	18	25	.049	.18
7	42	22	20	25	.053	.11
8	42	28	14	25	.050	.22
9	42	31	8	25	.030	.10
10	42	30	12	25	.033	.10
11	42	29	13	25	.032	.10
12	42	28	14	25	.035	.10
13	42	26	16	25	.034	.10
14	42	23	19	25	.036	.10
15	42	31	11	25	.039	.10
16	42	28	14	25	.044	.10
17	42	27	15	25	.045	.10
18	42	25	17	25	.045	.10
19	42	23	19	25	.047	.10
20	42	21	21	25	.050	.15
21	42	28	14	25	.052	.35
22	42	23	19	25	.051	.28
23	42	32	10	25	.024	.10
24	42	31	11	25	.027	.10
25	42	29	13	25	.030	.10
26	42	24	18	25	.031	.10
27	42	30	12	25	.035	.10
28	42	29	13	25	.036	.24
29	42	26	16	25	.039	.10
30	42	24	18	25	.042	.10
31						

Cartridge Filtration 95% of daily turbidity readings ≤ 1 NTU? Yes / No All daily turbidity readings ≤ 5 NTU? Yes / No	Monthly Summary (Answer Yes or 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 recommendation; may need to look in manual for manufacturer's specifications when to change the filter, at what PSID.	PRINTED NAME: MONTAGUE, GREG SIGNATURE:  DATE: 10-1-2022 PHONE #: (541) 592-2100 x2285 CERT #: D-09444

1 Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance...

SEPTEMBER

OHA - Drinking Water Program - Surface Water Quality Data Form

NPS OREGON CAVES NATL MON ID #: OR4191998 WTP: WTP-A Month/Year: ~~SEPT 2012~~

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]
1/1015	1.19	43	51.17	12	7.7	28	YES	7.92
2/1030	1.19	43	51.17	12	7.7	28	YES	6.04
3/1000	1.20	43	51.60	12	7.7	28	YES	8.96
4/1000	1.22	43	52.46	12	7.7	28	YES	5.10
5/1030	1.23	43	52.89	12	7.7	28	YES	6.04
6/1030	1.24	43	53.32	12	7.7	28	YES	6.25
7/1015	1.25	43	53.75	12	7.7	28	YES	6.67
8/1030	1.29	43	55.47	12	7.7	28	YES	6.04
9/1030	1.18	43	50.74	12	7.7	28	YES	8.13
10/1015	1.24	43	53.32	12	7.7	28	YES	3.33
11/1030	1.29	43	55.47	12	7.7	28	YES	6.25
12/1030	1.34	43	57.62	12	7.7	28	YES	5
13/1030	1.39	43	59.77	12	7.7	28	YES	6.46
14/1045	1.42	43	61.06	12	7.7	29	YES	6.25
15/1040	1.50	43	64.50	12	7.7	29	YES	6.67
16/1030	1.50	43	64.50	12	7.7	29	YES	8.54
17/1030	1.49	43	64.07	12	7.7	29	YES	6.04
18/1030	1.49	43	64.07	12	7.7	29	YES	6.25
19/1000	1.47	43	63.21	12	7.7	29	YES	6.04
20/1035	1.46	43	62.78	12	7.7	29	YES	8.54
21/1030	1.53	43	65.79	12	7.7	29	YES	8.13
22/1000	1.56	43	67.08	12	7.7	29	YES	7.70
23/1015	1.75	43	75.75	12	7.7	30	YES	9.17
24/1015	1.66	43	71.38	12	7.7	30	YES	10.63
25/1000	1.60	43	68.80	12	7.7	29	YES	9.58
26/1000	1.54	43	66.22	12	7.7	29	YES	10
27/1015	1.49	43	64.07	12	7.7	29	YES	8.96
28/1000	1.39	43	59.77	12	7.7	28	YES	8.75
29/1000	1.31	43	56.33	12	7.7	28	YES	8.33
30/1030	1.20	43	51.60	12	7.7	28	YES	8.54
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

