

# 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: **03/24**

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	42	30	12	25	.076	.12
2	42	30	12	25	.069	.10
3	42	30	12	25	.098	.14
4	42	30	12	25	.067	.10
5	42	30	12	25	.069	.10
6	42	30	12	25	.072	.12
7	42	30	12	25	.077	.12
8	42	30	12	25	.074	.12
9	42	30	12	25	.067	.10
10	42	30	12	25	.066	.10
11	42	30	12	25	.068	.12
12	42	30	12	25	.071	.12
13	42	30	12	25	.075	.12
14	42	30	12	25	.077	.13
15	42	30	12	25	.076	.12
16	42	30	12	25	.074	.12
17	42	30	12	25	.078	.14
18	42	30	12	25	.084	.14
19	42	30	12	25	.079	.13
20	42	30	12	25	.071	.12
21	42	30	12	25	.069	.10
22	42	30	12	25	.081	.14
23	42	30	12	25	.081	.14
24	42	30	12	25	.065	.12
25	42	30	12	25	.066	.12
26	42	30	12	25	.067	.12
27	42	30	12	25	.070	.12
28	42	30	12	25	.073	.12
29	42	30	12	25	.072	.12
30	X	X	X	X	X	X
31	X	X	X	X	X	X

<p><b>Cartridge Filtration</b></p> <p>95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No          All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p><small>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.</small></p>	<p style="text-align: center;"><b>Monthly Summary (Answer Yes or No)</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No</td> <td style="width: 50%;">All Cl<sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No</td> </tr> </table> <p>PRINTED NAME: <b>David John</b></p> <p>SIGNATURE: <i>David John</i></p> <p>DATE: <b>3.13.24</b></p> <p>PHONE #: (541) 592-2100 x2256</p> <p>CERT #: <b>D-09445</b></p>	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity"

OHA - Drinking Water Program -- Surface Water Quality Data Form

NPS OREGON CAVES NATL MON ID #: OR4191998 WTP.: WTP-A Month/Year: Feb 2024

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hour Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1 / 837	1.3	43	55.9	12	7.7	28	Yes	32.1
2 / 1040	1.1	43	47.3	12	7.7	27	Yes	17.70
3 / 1315	1.1	43	47.3	12	7.7	27	Yes	19.16
4 / 1246	1.4	43	60.2	12	7.7	28	Yes	13.75
5 / 945	1.4	43	60.2	12	7.7	28	Yes	13.125
6 / 1400	1.5	43	64.5	12	7.7	28	Yes	12.70
7 / 1000	1.6	43	68.8	12	7.7	29	Yes	12.29
8 / 1230	2.0	43	86	12	7.7	30	Yes	13.33
9 / 932	2.4	43	103.2	12	7.7	32	Yes	11.875
10 / 1049	2.2	43	94.6	12	7.7	31	Yes	18.125
11 / 1300	2.2	43	94.6	12	7.7	31	Yes	14.58
12 / 950	2.1	43	90.3	12	7.7	30	Yes	14.16
13 / 1200	2.0	43	86	12	7.7	30	Yes	13.125
14 / 830	2.0	43	86	12	7.7	30	Yes	10.625
15 / 1045	1.8	43	77.4	12	7.7	30	Yes	14.58
16 / 840	1.6	43	68.8	12	7.7	29	Yes	13.75
17 / 1100	1.4	43	60.2	12	7.7	28	Yes	14.58
18 / 830	1.2	43	51.6	12	7.7	28	Yes	15.41
19 / 1350	1.2	43	51.6	12	7.7	28	Yes	12.5
20 / 1200	1.0	43	43	12	7.7	27	Yes	11.6
21 / 825	1.0	43	43	12	7.7	27	Yes	11.25
22 / 1020	1.0	43	43	12	7.7	27	Yes	19.58
23 / 1000	1.1	43	47.3	12	7.7	27	Yes	13.96
24 / 1030	1.0	43	43	12	7.7	27	Yes	13.54
25 / 930	1.0	43	43	12	7.7	27	Yes	13.125
26 / 1330	1.2	43	51.6	12	7.7	28	Yes	14.58
27 / 1200	1.1	43	47.3	12	7.7	27	Yes	14.16
28 / 919	1.0	43	43	12	7.7	27	Yes	13.95
29 / 1450	1.2	43	51.6	12	7.7	28	Yes	13.33
<del>30 /</del>								
<del>31 /</del>								

<sup>2</sup> If Cl<sub>2</sub> 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](http://www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)

