

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: **October / 2024**

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day [NTU]
1	41	32	9	10	0.045	0.074
2	41	36	11	10	0.042	0.068
3	41	30	11	10	0.040	0.076
4	41	30	11	10	0.040	0.071
5	41	29	12	10	0.037	0.060
6	42	30	12	10	0.042	0.064
7	42	30	12	10	0.034	0.066
8	41	30	11	10	0.029	0.055
9	41	29	12	10	0.031	0.059
10	41	29	12	10	0.025	0.065
11	40	30	10	10	0.035	0.064
12	41	30	11	10	0.036	0.062
13	41	30	11	10	0.038	0.068
14	41	36	11	10	0.040	0.072
15	42	30	12	10	0.043	0.054
16	43	28	15	10	0.045	0.058
17	43	28	15	10	0.049	0.052
18	43	30	13	10	0.051	0.056
19	43	29	14	10	0.045	0.058
20	41	30	11	10	0.041	0.064
21	41	30	11	10	0.038	0.057
22	42	30	12	10	0.038	0.060
23	42	29	13	10	0.032	0.052
24	41	30	11	10	0.028	0.054
25	43	30	13	10	0.025	0.070
26	43	30	13	10	0.036	0.092
27	42	30	13	10	0.035	0.088
28	43	30	13	10	0.042	0.136
29	41	29	12	10	0.040	0.102
30	40	29	11	10	0.035	0.054
31	40	29	11	10	0.037	0.063

Cartridge Filtration

95% of daily turbidity readings $\leq$ 1 NTU? ☒ Yes / No
 All daily turbidity readings $\leq$ 5 NTU? ☒ Yes / No

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back)
☒ Yes / No

All Cl₂ residual at entry point $\geq$ 0.2 mg/l?
☒ Yes / No

PRINTED NAME: **David John**

SIGNATURE: **David John**

DATE: **11.12.24**

PHONE #: (541) 592-2100
 ex 2256

CERT #: **D-09445**

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.

OHA - Drinking Water Program - Surface Water Quality Data Form

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

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 Hour Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/	2.00	43	86	12	7.8	30	Yes	
2/	1.80	43	77.4	12	7.8	30	Yes	12.08
3/	1.72	43	73.96	12	7.8	30	Yes	11.46
4/	1.60	43	68.8	12	7.8	29	Yes	11.87
5/	1.48	43	63.64	12	7.8	29	Yes	12.52
6/	1.31	43	56.33	12	7.8	28	Yes	12.29
7/	1.29	43	55.47	12	7.8	28	Yes	12.52
8/	1.30	43	55.9	12	7.8	28	Yes	12.08
9/	1.26	43	54.18	12	7.8	28	Yes	12.71
10/	1.22	43	52.46	12	7.8	28	Yes	10.21
11/	1.25	43	53.75	12	7.8	28	Yes	9.58
12/	1.33	43	57.19	12	7.8	28	Yes	15.83
13/	1.42	43	61.06	12	7.8	29	Yes	11.46
14/	1.51	43	64.93	12	7.8	29	Yes	13.33
15/	1.62	43	69.66	12	7.8	30	Yes	11.25
16/	1.69	43	72.57	12	7.8	30	Yes	14.17
17/	1.83	43	78.69	12	7.8	30	Yes	12.29
18/	2.11	43	90.73	12	7.8	31	Yes	15.00
19/	1.94	43	83.42	12	7.8	30	Yes	15.83
20/	1.84	43	79.12	12	7.8	30	Yes	16.88
21/	1.57	43	67.51	12	7.8	29	Yes	16.67
22/	1.42	43	61.06	12	7.8	29	Yes	18.34
23/	1.37	43	58.91	12	7.8	28	Yes	41.68
24/	1.24	43	53.32	12	7.8	28	Yes	17.92
25/	1.21	43	52.03	12	7.8	28	Yes	16.46
26/	1.17	43	50.31	12	7.8	28	Yes	12.50
27/	1.23	43	52.89	12	7.8	28	Yes	13.13
28/	1.21	43	52.03	12	7.8	28	Yes	14.79
29/	1.19	43	51.17	12	7.8	28	Yes	17.08
30/	1.18	43	50.74	12	7.8	28	Yes	17.71
31/	1.20	43	51.60	12	7.8	28	Yes	16.46

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