

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: Feb/2025

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day [NTU]
1	45	30	15	10	0.075	0.142
2	45	32	13	10	0.048	0.056
3	45	32	13	10	0.039	0.063
4	45	30	15	10	0.056	0.079
5	45	30	15	10	0.082	0.088
6	45	29	16	10	0.048	0.102
7	45	32	13	10	0.051	0.106
8	45	30	15	10	0.040	0.092
9	45	30	15	10	0.045	0.098
10	45	32	13	10	0.036	0.112
11	45	32	13	10	0.046	0.165
12	45	32	13	10	0.050	0.170
13	45	30	15	10	0.056	0.160
14	45	28	17	10	0.071	0.145
15	45	30	15	10	0.075	0.150
16	45	30	15	10	0.082	0.160
17	45	32	13	10	0.091	0.170
18	45	32	13	10	0.082	0.180
19	45	32	13	10	0.080	0.210
20	45	30	15	10	0.083	0.190
21	45	30	15	10	0.082	0.170
22	45	31	14	10	0.065	0.180
23	45	30	15	10	0.056	0.160
24	45	29	16	10	0.046	0.120
25	45	30	15	10	0.052	0.140
26	45	30	15	10	0.056	0.130
27	45	32	13	10	0.060	0.150
28	45	32	13	10	0.056	0.140
29						
30						
31						

Cartridge Filtration

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

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: 3.3.2025

PHONE #: (541) 592-2100
X2256

CERT #: D-09445

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/2025

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]	C x T	[° C]		Use tables	Yes / No	[GPM]
1 1000	1.50	43	64.50	11	7.8	28	Y	10.42
2 11200	1.60	43	68.80	11	7.8	29	Y	8.75
3 11100	1.55	43	66.65	11	7.8	28	Y	8.33
4 10900	1.60	43	68.80	11	7.8	29	Y	9.37
5 10800	1.65	43	70.95	11	7.8	29	Y	10.42
6 11400	1.70	43	73.10	11	7.8	29	Y	8.96
7 11000	1.86	43	79.98	11	7.8	30	Y	7.29
8 10800	1.85	43	79.55	11	7.8	30	Y	8.33
9 11200	1.80	43	77.40	11	7.8	30	Y	8.54
10 11100	1.85	43	79.55	11	7.8	30	Y	8.96
11 10300	1.80	43	77.40	11	7.8	30	Y	10.42
12 10900	1.82	43	78.26	11	7.8	30	Y	10.21
13 10800	1.79	43	76.97	11	7.8	29	Y	14.58
14 10300	1.81	43	77.83	11	7.8	30	Y	13.54
15 1000	1.75	43	75.25	11	7.8	29	Y	12.50
16 11100	1.70	43	73.10	11	7.8	29	Y	15.63
17 10300	1.72	43	73.96	11	7.8	29	Y	11.46
18 1000	1.70	43	73.10	11	7.8	29	Y	13.96
19 10300	1.65	43	70.95	11	7.8	29	Y	8.33
20 1000	1.70	43	73.10	11	7.8	29	Y	8.75
21 11300	1.71	43	73.53	11	7.8	29	Y	9.37
22 11300	1.75	43	75.25	11	7.8	29	Y	9.58
23 11100	1.73	43	74.39	11	7.8	29	Y	10.21
24 10300	1.70	43	73.10	11	7.8	29	Y	10.42
25 1000	1.75	43	75.25	11	7.8	29	Y	8.33
26 1000	1.72	43	73.96	11	7.8	29	Y	8.75
27 10300	1.80	43	77.40	11	7.8	30	Y	9.37
28 10300	1.82	43	78.26	11	7.8	30	Y	8.96
29 /								
30 /								
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

SOURCE NAME: LAKE CREEK
MONTH Feb YEAR 2029

ADDRESS: OREGON CAVES NATIONAL MONUMENT
19000 CAVES HIGHWAY
CAVE JUNCTION, OREGON 97523
1-541-592-2100

PSW ID#: 419 1998

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