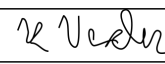


OHA - Drinking Water Services – Turbidity Monitoring Report Form Cartridge or Bag Filtration

County: Jackson  
 Month/Year: 06/2021

System Name: Latgawa Methodist Church Camp			ID# 41 - 93973		WTP ID:	
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	62	59	3	25	0.01	0.01
2	65	59	6	25	0.03	0.03
3	65	58	7	25	0.03	0.03
4	62	55	7	25	0.02	0.02
5	58	55	3	25	0.03	0.03
6	60	55	5	25	0.03	0.03
7	59	54	5	25	0.03	0.03
8	63	54	9	25	0.03	0.03
9	62	56	6	25	0.02	0.02
10	64	60	4	25	0.02	0.02
11	64	60	4	25	0.02	0.02
12	65	60	5	25	0.02	0.02
13	65	60	5	25	0.02	0.02
14	65	60	5	25	0.02	0.02
15	65	59	6	25	0.02	0.02
16	65	59	6	25	0.02	0.02
17	63	58	5	25	0.03	0.03
18	63	60	3	25	0.02	0.02
19	64	60	4	25	0.02	0.02
20	64	62	2	25	0.01	0.01
21	64	63	1	25	0.03	0.03
22	64	63	1	25	0.03	0.03
23	65	63	2	25	0.02	0.02
24	65	61	4	25	0.02	0.02
25	63	60	3	25	0.02	0.02
26	65	62	3	25	0.02	0.02
27	65	62	3	25	0.02	0.02
28	65	62	3	25	0.01	0.01
29	64	62	2	25	0.02	0.02
30	64	62	2	25	0.02	0.02
31						

<b>Cartridge Filtration Monthly Summary</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU? <b>Yes / No</b>		CT's met every day? (see back) <b>Yes / No</b>	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <b>Yes / No</b>
<b>Notes: PSI = pounds per square inch</b> <b>PSID = pounds per square inch difference (before filter – after filter)</b> <b>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.</b>		<b>PRINTED NAME: Kate Vaden</b>	
		<b>SIGNATURE:</b> 	<b>DATE: 8/16/2021</b>
		<b>PHONE #: (541 ) 531-6326</b>	<b>CERT #:</b>

<sup>1</sup> 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 Services – Surface Water Quality Data Form

Month/Year: 06/2021

System Name: Latgawa Methodist Church Camp			ID# 41 93973		WTP			
Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User ( C ) 2	Contact Time ( T )	Actual CT	Temp	pH	Required CT	CT Met? 2	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	<b>C X T</b>	[° C]		Use tables	Yes / No	[GPM]
1 /	0.4	125	50	20.3	7.9	25	Yes	15
2 /	0.6	125	75	20.6	7.8	26	Yes	15
3 /	0.4	125	50	20.2	7.8	25	Yes	15

4 /	0.4	125	50	22.1	7.9	25	Yes	15
5 /	0.4	125	50	21.7	8	25	Yes	15
6 /	0.6	125	75	22.2	7.8	26	Yes	15
7 /	0.4	125	50	23.1	7.7	25	Yes	15
8 /	0.6	125	75	22.5	7.6	26	Yes	15
9 /	0.8	125	100	21.9	7.8	26	Yes	15
10 /	0.6	125	75	21.7	8.1	31	Yes	15
11 /	0.4	125	50	21.3	7.9	25	Yes	15
12 /	0.4	125	50	22.1	7.9	25	Yes	15
13 /	0.6	125	75	22.2	8.1	31	Yes	15
14 /	0.8	125	100	22.7	8.2	32	Yes	15
15 /	0.4	125	50	20.3	8.3	31	Yes	15
16 /	1	125	125	20.8	8.3	33	Yes	15
17 /	1.2	125	150	20.6	8.4	33	Yes	15
18 /	1.6	125	200	21.1	8.1	35	Yes	15
19 /	1.8	125	225	21.2	8.3	36	Yes	15
20 /	1.2	125	150	22	8.4	33	Yes	15
21 /	1.4	125	175	22.1	8.3	34	Yes	15
22 /	1.6	125	200	21.9	8.1	35	Yes	15
23 /	1.2	125	150	21.7	8.2	33	Yes	15
24 /	0.8	125	100	21.4	8.4	32	Yes	15
25 /	1.8	125	225	21.8	8.5	36	Yes	15
26 /	2.4	125	300	21.3	8.1	38	Yes	15
27 /	1.6	125	200	20.9	8.2	35	Yes	15
28 /	1.6	125	200	22.3	8.1	35	Yes	15
29 /	1.2	125	150	23	8	28	Yes	15
30 /	1.4	125	175	23.4	8.3	34	Yes	15
31 /			0					

2 If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours.

Revised August 2016 Download

form at: [public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)

**Return by 10<sup>th</sup> of following month by email, fax or mail to:**

[dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350