OHA - Dr	inking W	ater Serv	ices - Surfa	ace Water	Quality	Data Form	n	County: Jefferson
Cartridge or Bag Filtr		Filtration			1 - Log		ear: J	ly 2021
System Name: Camp Tamarack			ID#: 41			WTP ID:	A	
Day	PSI Before Filter 1	PSI After Filter 2	PSI Before Filter 3	PSI After Filter 4	PSID Filters 1 & 2	PSID Filters 3 & 4	PSID When to Change Filter	Daily Turbidity Reading [NTU]
1	74	54	54	50	20	4	20 15	0.110
2	68	68	82	64	0	4	, 15	0.089
3	76	70	70	62	0	8	15	6.093
4	58	58	5.8	54	0	6	15	0.121
5	64	63	63	55	1	8	15	0.083
6	63	62	6 Z	52	1	10	15	0.094
7	56	56	56	48	0	8	15	0.095
8	64	61	61	48	3	13	15	0.177
9	55	55	55	42	0	13	15	0.084
10	58	57	57	35	1	超18	15	0.111
11	60	160	60	4149	0	919	15	0.087
12	64	64	64	41	0	23	2015	0.093
13	75	68	68	68	7	0	1 15	6.115
14	72	68	68	66	4	2	15	6.110
15	66	65	65	54		11	15	0.096
16	70	66	66	50	4	16	15	0.138
17	58	54	54	38	4	16	15	0.092
18	72	68	68	951	4	17	15	0.103
19	60	56	56	39	4	17	15	0.109
20	65	61	61	58	-4	3	15	0.120
21	54	51	51	44	3	7	15	0.126
22	63	60	60	48	3	12	15	0.140
23	58	56	56	42	13	14	15	0-121
24	71	68	68	50	3	18	15	0.113
25	60	58	58	38	2	26	20 15	0.114
26	68	68	68	66	0	2	15	0-133
27	56	52	52	51	4		15	0.159
28	7等5	7 45	45	43	12	2	15	0.186
29	55	40	40	40	15	0	15	0.171
30	60	40	40	46	20	0	15	0.152
31	65	45	45	45	2-0	1	15	0-132
Cartridge & Bag Filtration					Monthly Summary (Answer Yes or No)			
95% of daily turbidity readings ≤ 1 NTU? Yes No					CT's met everyday? (see back)			All Ct2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU? Yes DNo					Yes No			Yest No
						NAME:	Charli	c Andersa
PSID When to Change Filter = Refer to manufacturer's specifications at what PSID to change the filter.						JRE:	DATE: 8/1/21	
						41-63	4/94/14 CERT#:	
					PHONE :	- ( )		100000

Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values

OHA - Drinking Water Services - Surface Water Quality Data Form County: Jefferson Month/Year: July 2021 1-Log Cartridge or Bag Filtration ID#: 41 94114 WTP ID: System Name: Camp Tamarack Peak Hourly Minimum Cla Contact Actual Required Dale / Demand Residual at 1st CT Mer? 2 Temp Ho Time CT CT Time Flow User(C)2 (T) **IGPWI** Use tables Yes / No CXT [minutes] I" CI foom or ma/L1 52.7 8.0 66 11 396 21 15 20 8.0 8.5 15 3/ 26.4 20 41 8.5 15 39.6 20 8.0 G 25 39.6 5/ 9 396 25 8-0 6/ 8.6 13 20 71 52. 8 20 80 65 2.8 52.8 8/ 13 20 14 66 80 15 9/ . 0 25 66 80 Les 66 107 .0 52.8 15 8.0 6.5 0.8 117 9 52.0 25 80 12/ 08 13 52.8 20 8.0 13/ 0.8 80 #13 52.8 20 14/ 0.8 70 396 20 13 15/ 13 16/ 52.8 20 80 17 / 52. 3 13 8.0 20 13 39.6 8.0 18/ 20 0.6 Yes 26.4 20 19/ 0.4 80 12 Yes 14 92.4 80 20 / 4 20 8.0 405 66 21/ . 0 20 14 8.0 14 es 22/ 66 20 20 80 14 23/ 1.0 66 13 65 24/ 52.8 8.0 6.8 20 8,0 105 528 25/ 6.0 AC 20 13 8.0 12 0.4 26.4 28/ 26.4 05 27 / 0,4 25,5 8.2 10 7.9 13 28/ 0.6 39 ( es 7.8 9 39.6 75.3 29 / 0.6 8.0 13 30 / 0.6 31/ 26.4 8.3 0.4 06 10

<sup>&</sup>lt;sup>2</sup> 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 areaon.gov/HealthyEnvironments/DrinkingWaterMonitoring/Documents/burb-cartridge.pdf</p>