

OHA - Drinking Water Services - Surface Water Quality Data Form							County: Jefferson	
Cartridge or Bag Filtration					Month/Year: October 2021			
System Name: Camp Tamarack					ID#: 41 94114			
					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	72	72	72	71	0	1	30 15	0.116
2	65	64	64	63	1	1	15	0.158
3	65	63	63	61	2	2	15	0.117
4	65	62	62	60	3	2	15	0.112
5	63	59	59	56	4	3	15	0.119
6	65	59	59	56	6	3	15	0.118
7	64	52	52	50	12	2	15	0.111
8	62	42	42	40	20	2	15	0.109
9	70	60	60	58	10	2	15	0.116
10	63	46	46	44	17	2	15	0.133
11	65	42	42	40	23	2	15	0.155
12	67	64	64	64	3	0	30 15	0.139
13	74	74	74	72	0	2	15	0.162
14	80	72	72	72	8	0	15	0.160
15	71	64	64	64	7	0	15	0.136
16	65	64	64	63	1	1	15	0.167
17	71	68	68	65	3	3	15	0.159
18	75	65	65	63	10	2	15	0.161
19	75	73	73	72	2	1	15	0.127
20	68	67	67	65	1	2	15	0.268
21	73	71	71	69	2	2	15	0.126
22	66	65	65	63	1	2	30 15	0.170
23	70	68	68	66	2	2	15	0.225
24	67	66	66	64	2	2	15	0.187
25	66	64	64	61	2	3	15	0.155
26	65	63	63	61	2	2	15	0.142
27	71	69	69	68	2	1	15	0.179
28	64	62	62	60	2	2	15	0.183
29	67	65	65	63	2	2	15	0.168
30	70	68	68	65	2	3	15	0.163
31	65	63	63	61	2	2	30 15	0.171

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 Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes / No	Yes / No	Yes / No

Notes: PSI = pounds per square inch

PSID = pounds per square inch difference (before filter - after filter)

PSID When to Change Filter = Refer to manufacturer's specifications at what PSID to change the filter.

PRINTED NAME:	
SIGNATURE:	DATE:
PHONE #: ( )	CERT #:

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values

## OHA - Drinking Water Services - Surface Water Quality Data Form

County: Jefferson

Cartridge or Bag Filtration 0.5  $\mu$  Log

Month/Year: October 2021

System Name: Camp Tamarack ID#: 41 94114

WTP ID: A

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 Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/	0.6	66	39.6	15.5	7.6	17	Yes	
2/	0.4		26.4	15.1	7.6	17	Yes	
3/	0.4		26.4	14.9	8.0	25	Yes	
4/	0.4		26.4	15.7	7.8	17	Yes	
5/	0.4		26.4	14.1	7.6	17	Yes	
6/	0.6		39.6	16.9	7.7	17	Yes	
7/	0.6		39.6	14.7	7.5	21	Yes	
8/	0.8		52.8	17.4	7.5	18	Yes	
9/	0.8		52.8	16.1	7.5	15	Yes	
10/	0.8	66	52.8	14.3	7.8	26	Yes	
11/	0.8		52.8	14.2	7.9	24	Yes	
12/	0.4		26.4	14.5	7.5	21	Yes	
13/	0.4		26.4	15.1	7.5	14	Yes	
14/	0.4		26.4	13.5	7.8	25	Yes	
15/	0.8		52.8	14.3	7.7	26	Yes	
16/	0.8		52.8	14.1	7.8	26	Yes	
17/	1.0		66	13.8	7.8	27	Yes	
18/	1.0		66	13.4	7.9	27	Yes	
19/	0.8		52.8	13.7	7.9	26	Yes	
20/	0.8		52.8	14.2	7.6	18	Yes	
21/	0.8		52.8	13.6	7.8	26	Yes	
22/	1.0		66	14.6	7.6	27	Yes	
23/	0.8	66	52.8	13.7	7.8	26	Yes	
24/	0.8		52.8	13.3	7.8	26	Yes	
25/	0.8		52.8	12.8	7.9	26	Yes	
26/	0.8		52.8	12.1	7.9	26	Yes	
27/	1.0		66	14.4	7.7	27	Yes	
28/	0.8		52.8	14.6	7.9	26	Yes	
29/	0.8		52.8	14.7	7.9	26	Yes	
30/	0.8		52.8	14.3	7.7	26	Yes	
31/	0.8	66	52.8	14.1	7.9	26	Yes	

<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.wa.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf](http://public.health.wa.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)

Options for 400 ml of full-size month for small for up small for