

Cartridge or Bag Filtration 0.51 - Log Month/Year: June 2022

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	56	60	60	55	4	5	15	0.318
2	55	55	55	54	0	1	15	0.266
3	65	56	56	62	11	6	15	0.271
4	64	62	62	62	2	0	15	0.292
5	60	60	60	61	0	1	15	0.282
6	71	59	59	68	12	9	15	0.300
7	54	56	56	50	2	4	15	0.326
8	60	60	60	56	0	4	15	0.281
9	54	53	53	53	1	0	15	0.293
10	64	60	60	60	4	0	15	0.297
11	60	62	62	60	2	2	15	0.282
12	62	62	62	58	0	4	15	0.291
13	57	58	58	53	1	5	15	0.257
14	61	61	61	58	0	3	15	0.226
15	53	54	54	50	1	4	15	0.248
16	58	54	54	54	4	0	15	0.269
17	65	62	62	61	4	1	15	0.226
18	53	54	54	50	1	4	15	0.246
19	56	58	58	51	2	7	15	0.221
20	55	56	56	52	1	4	15	0.235
21	65	61	61	61	4	0	15	0.246
22	70	56	56	66	14	10	15	0.250
23	56	58	58	51	2	7	15	0.323
24	56	56	56	51	4	5	15	0.367
25	67	56	56	55	11	1	15	0.320
26	52	54	54	44	2	10	15	0.265
27	71	56	56	63	15	13	15	0.182
28	53	54	54	47	1	7	15	0.252
29	62	58	58	54	4	4	15	0.263
30	68	53	53	59	15	6	15	0.262
31							15	

Cartridge & Bag Filtration	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes: PSI = pounds per square inch	PRINTED NAME:	
PSID = pounds per square inch difference (before filter - after filter)	 SIGNATURE:	
PSID When to Change Filter = Refer to manufacturer's specifications at what PSID to change the filter.		
	PHONE #: () 541-633-9811	DATE: 7/1/22 4194114 CERT #:

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values

Cartridge or Bag Filtration 0.5 - Log | Month/Year: June 2022

System Name: Camp Tamarack ID#: 41 94114 | WTP ID: A

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 Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/	1.0	66	66	14.9	7.8	27	Yes	
2/	1.0		66	15.2	7.7	18	Yes	
3/	1.0		66	15.4	7.8	18	Yes	
4/	0.8		52.8	15.2	7.8	18	Yes	
5/	1.0		66	15.1	7.9	18	Yes	
6/	0.6		39.6	14.8	7.7	26	Yes	
7/	1.0		66	15.1	7.8	18	Yes	
8/	1.0		66	15.4	7.8	18	Yes	
9/	1.2		79.2	15.6	7.7	18 19	Yes	
10/	1.0		66	15.4	7.7	18	Yes	
11/	0.8	66	52.8	14.9	7.8	26	Yes	
12/	0.8		52.8	14.7	7.8	26	Yes	
13/	0.4		26.4	14.2	7.7	25	Yes	
14/	0.6		39.6	13.5	7.9	26	Yes	
15/	0.8		52.8	13.1	7.8	26	Yes	
16/	0.4		26.4	14.5	7.6	26 25	Yes	
17/	0.4		26.4	13.9	7.9	25	Yes	
18/	0.4		26.4	13.6	7.8	25	Yes	
19/	0.6		39.6	13.3	7.8	26	Yes	
20/	0.4		26.4	13.4	7.7	25	Yes	
21/	0.6		39.6	13.3	7.8	26	Yes	
22/	1.0		66	14.3	7.7	27	Yes	
23/	1.0		66	14.2	7.5	15	Yes	
24/	1.0	66	66	17.6	7.6	18 18	Yes	
25/	1.2		79.2	18.8	7.6	19	Yes	
26/	1.0		66	19.2	7.6	18	Yes	
27/	0.8		52.8	17.4	7.8	18	Yes	
28/	0.8		52.8	18.2	7.7	18	Yes	
29/	0.8		52.8	18.7	7.6	18	Yes	
30/	0.8		52.8	19.8	7.5	18	Yes	
31/								

²If Cl₂ 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

Return by 10th of following month by email, fax or mail to:

dwp.dmce@dhsosha.state.or.us; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350