

**OHA - Drinking Water Services - Surface Water Quality Data Form** County: **Jefferson**

Cartridge or Bag Filtration **0.5µ - Log** Month/Year: **July 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	52	53	53	45	1	8	20 15	0.246
2	70	56	56	60	14	4	15	0.202
3	53	52	52	48	1	4	15	0.184
4	59	54	54	43	5	11	15	0.263
5	53	51	51	46	2	11	15	0.263
6	56	54	54	39	2	15	15	0.240
7	64	49	49	42	5	7	15	0.172
8	62	56	56	40	6	16	15	0.132
9	64	58	58	39	6	19	15	0.125
10	59	62	62	59	3	3	15	0.163
11	56	56	56	51	0	5	15	0.165
12	56	40	40	39	16	4	15	0.161
13	56	41	41	40	15	1	15	0.160
14	64	61	61	61	3	0	20 15	0.151
15	56	50	50	46	6	4	15	0.143
16	68	58	58	60	0	2	15	0.121
17	58	56	56	53	2	3	15	0.154
18	60	44	44	42	16	2	15	0.173
19	67	51	51	49	16	2	15	0.166
20	78	48	48	48	30	0	15	0.124
21	76	76	76	77	0	4	15	0.143
22	81	40	40	40	42	0	15	0.140
23	75	70	70	66	5	4	15	0.175
24	77	60	60	59	17	1	15	0.184
25	65	60	60	58	5	2	15	0.135
26	76	44	44	42	32	2	15	0.162
27	80	71	71	72	9	1	15	0.178
28	66	53	53	47	13	6	20 15	0.145
29	72	76	76	70	4	2	15	0.138
30	87	76	76	87	11	0	15	0.127
31	70	73	73	69	3	4	15	0.102

<b>Cartridge &amp; Bag Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <b>Yes/No</b>	CT's met everyday? (see back) <b>Yes/No</b>	All Cl2 residual at entry point ≥ 0.2 mg/l? <b>Yes/No</b>	
All daily turbidity readings ≤ 5 NTU? <b>Yes/No</b>			
Notes: PSI = pounds per square inch	PRINTED NAME: <i>Charlie Sol</i>		
PSID = pounds per square inch difference (before filter - after filter)	SIGNATURE: <i>[Signature]</i>		DATE: <i>8-1-22</i>
PSID When to Change Filter = Refer to manufacturer's specifications at what PSID to change the filter.	PHONE #: ( )		CERT #: <i>4194/14</i>

<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 - Log

Month/Year: July 2022

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]	C X T	[°C]		Use tables	Yes / No	[GPM]
1/	1.2	66	79.2	19.8	7.7	19	Yes	
2/	1.4		92.4	17.3	7.6	19	Yes	
3/	1.2		79.2	19.8	7.8	19	Yes	
4/	1.4		92.4	19.6	7.6	19	Yes	
5/	1.4		92.4	21.2	7.6	14	Yes	
6/	0.8		52.8	19.9	7.5	15	Yes	
7/	0.4		26.4	19.7	7.6	17	Yes	
8/	1.0		66	20.6	7.8	14	Yes	
9/	0.4		26.4	19.9	7.9	17	Yes	
10/	0.4		26.4	18.7	7.8	17	Yes	
11/	0.6		39.6	21.2	7.8	13	Yes	
12/	1.0		66	22.4	7.7	14	Yes	
13/	0.8		52.8	23.8	7.8	13	Yes	
14/	0.4		26.4	24.2	7.8	12	Yes	
15/	0.8		52.8	24.1	7.7	13	Yes	
16/	0.6	66	39.6	19.7	7.9	17	Yes	
17/	0.4		26.4	22.8	7.8	12	Yes	
18/	0.4		26.4	22.1	7.9	12	Yes	
19/	1.2		79.2	22.2	7.8	14	Yes	
20/	1.0		66	24.2	7.8	14	Yes	
21/	0.4		26.4	24.3	7.8	12	Yes	
22/	0.4		26.4	23.2	7.9	12	Yes	
23/	0.4		26.4	23.1	7.7	12	Yes	
24/	0.4		26.4	22.2	7.7	12	Yes	
25/	0.6		39.6	23.5	7.8	13	Yes	
26/	0.4	66	26.4	24.9	7.8	12	Yes	
27/	0.4		26.4	26.3	7.9	8	Yes	
28/	0.8		52.8	26.2	7.8	9	Yes	
29/	0.4		26.4	28.6	7.8	8	Yes	
30/	0.4		26.4	27.2	7.7	8	Yes	
31/	0.4		26.4	27.7	7.9	8	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.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@dhsosha.state.or.us](mailto:dwp.dmce@dhsosha.state.or.us); Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350