

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

Cartridge or Bag Filtration 0.5⁴ - Log Month/Year: October 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	68	69	69	605	1	4	20 15	0.127
2	78	78	78	74	0	4	20 15	0.121
3	72	71	71	65	1	6	20 15	0.136
4	68 68	70 70	70 70	61	2	9	15	0.109
5	76	75	75	69	1	6	15	0.160
6	81	86	80	74	1	6	15	0.133
7	75	74	74	67	1	7	15	0.168
8	71	70	70	61	1	9	15	0.100
9	70	70	70	66	0	4	15	0.073
10	72	71	71	62	1	9	15	0.065
11	79	79	79	62	0	17	15	0.172
12	72 72	71	71	73	0	2	15	0.121
13	66	66	66	67	0	1	15	0.100
14	70	71	71	72	0	1	15	0.082
15	77	76	76	75	2	1	15	0.136
16	75	74	74	73	1	1	15	0.158
17	76	79	79	78	3	1	15	0.073
18	65	65	65	63	1	2	15	0.067
19	66	65	65	61	1	4	15	0.082
20	84	82	82	77	2	5	15	0.081
21	66	65	65	60	1	5	15	0.086
22	68	68	68	58	0	10	15	0.095
23	70	71	71	71	1	0	15	0.063
24	69	70	70	70	1	0	15	0.063
25	84	83	83	79	1	4	15	0.060
26	72	72	72	40	0	32	15	0.080
27	78	79	79	80	1	1	15	0.093
28	86	86	80	78	0	2	15	0.061
29	73	74	74	73	1	1	15	0.053
30	83	83	83	83	0	0	15	0.048
31	66	68	68	68	2	0	15	0.110

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	PRINTED NAME: Chalo Andel	
PSID = pounds per square inch difference (before filter - after filter)	SIGNATURE: <i>[Signature]</i>	
PSID When to Change Filter = Refer to manufacturer's specifications at what PSID to change the filter.	541-6339847	DATE: 10-31-22
	PHONE #: ()	CERT #: 4194114

¹ 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: October 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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/	1.2	66	79.2	18.7	7.9	19	Yes	
2/	0.8		52.8	17.9	7.8	18	Yes	
3/	0.4		26.4	17.3	7.9	17	Yes	
4/	0.4		26.4	18.3	7.8	17	Yes	
5/	0.4		26.4	18.5	7.9	17	Yes	
6/	0.4		26.4	19.3	7.8	17	Yes	
7/	0.6		39.6	18.1	8.0	17	Yes	
8/	0.6		39.6	17.4	7.8	17	Yes	
9/	0.6		39.6	17.7	7.9	17	Yes	
10/	0.6	66	39.6	18.0	7.7	17	Yes	
11/	0.6		39.6	18.2	7.8	17	Yes	
12/	0.8		52.8	18.6	7.9	18	Yes	
13/	0.8		52.8	18.0	7.8	18	Yes	
14/	0.8		52.8	18.7	7.8	18	Yes	
15/	1.0		66	17.5	7.8	18	Yes	
16/	0.8		52.8	16.7	7.8	18	Yes	
17/	1.0		66	17.1	7.8	18	Yes	
18/	1.0		66	16.8	7.7	18	Yes	
19/	1.0		66	17.4	7.7	18	Yes	
20/	0.4		26.4	18.2	7.7	17	Yes	
21/	0.4	66	26.4	17.7	7.8	17	Yes	
22/	0.4		26.4	16.5	7.8	17	Yes	
23/	0.4		26.4	15.1	7.8	17	Yes	
24/	0.6		39.6	14.8	7.7	26	Yes	
25/	0.6		39.6	14.9	7.7	26	Yes	
26/	1.0		66	14.5	7.7	27	Yes	
27/	0.4		26.4	15.3	7.7	17	Yes	
28/	0.4		26.4	14.8	7.7	25	Yes	
29/	0.4		26.4	13.8	7.7	25	Yes	
30/	0.4		26.4	13.3	7.7	25	Yes	
31/	0.4		26.4	12.7	7.7	25	Yes	

² If 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