

Cartridge or Bag Filtration 0.54 - Log Month/Year: April 2023

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							25 15	
2							15	
3							15	
4							15	
5							15	
6							15	
7							15	
8							15	
9							15	
10							15	
11							15	
12							25 15	
13							15	
14							15	
15							15	
16							15	
17	78	79	79	68	1	11	15	0.077
18	73	74	74	65	1	11	15	0.078
19	85	83	83	64	2	19	15	0.091
20	76	76	76	75	0	1	15	0.172
21	68	70	70	70	2	0	15	0.141
22	75	74	74	74	1	0	15	0.156
23	71	71	71	72	0	1	25 15	0.131
24	68	69	69	67	1	2	15	0.135
25	83	83	83	81	0	2	15	0.147
26	69	69	69	66	0	2	15	0.145
27	84	84	86	84	0	2	15	0.152
28	84	86	82	78	2	4	15	0.150
29	72	72	72	71	0	1	15	0.137
30	81	81	81	79	0	2	15	0.151
31	68	67	67	65	1	2	15	0.173

Cartridge & Bag Filtration

Monthly Summary (Answer Yes or No)

95% of daily turbidity readings ≤ 1 NTU? Yes / No

CT's met everyday? (see back) Yes / No

All Cl2 residual at entry point ≥ 0.2 mg/l? Yes / No

All daily turbidity readings ≤ 5 NTU? Yes / No

Notes: PSI = pounds per square inch

PRINTED NAME: *Charlie Anderson*

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

SIGNATURE: *[Signature]*

DATE: 5/1/23

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

541-622-9647

41 94114

PHONE #: ()

CERT #:

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

Cartridge or Bag Filtration 0.5 - Log | Month/Year: April 2023

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

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ² [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT Use tables	CT Met? ² Yes / No	Peak Hourly Demand Flow [GPM]
1 /		66						
2 /								
3 /								
4 /								
5 /								
6 /								
7 /								
8 /								
9 /								
10 /								
11 /		66						
12 /								
13 /								
14 /								
15 /								
16 /								
17 /	1.8 1.8		118.8	13.8	7.7	30	Yes	
18 /	2.0		132	14.2	7.5	25	Yes	
19 /	1.0 2		79.2	12.2	7.4	23	Yes	
20 /	0.4		26.4	11.9	7.6	25	Yes	
21 /	0.4		26.4	11.2	7.7	25	Yes	
22 /	0.4	66	26.4	11.3	7.6	25	Yes	
23 /	0.6		39.6	11.1	7.6	26	Yes	
24 /	0.6		39.6	10.9	7.8	26	Yes	
25 /	0.4		26.4	11.6	7.6	25	Yes	
26 /	0.6		39.6	13.6	7.4	21	Yes	
27 /	0.8		52.8	13.1	7.8	26	Yes	
28 /	1.0		66	13.0	7.3	22	Yes	
29 /	0.8		52.8	14.1	7.7	26	Yes	
30 /	0.6		39.6	14.7	7.5	21	Yes	
31 /	0.6		39.6	15.1	7.8	21 17	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