

Cartridge or Bag Filtration 0.54 - Log Month/Year: May 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	72	72	72	73	0	1	25 15	0.148
2	66	67	67	65	1	2	15	0.144
3	81	81	81	79	0	2	15	0.157
4	83	82	82	81	1	1	15	0.164
5	69	70	70	67	1	3	15	0.178
6	80	79	79	75	1	4	15	0.153
7	72	72	72	69	0	3	15	0.177
8	76	76	76	73	0	3	15	0.163
9	68	69	69	66	1	3	15	0.206
10	74	74	74	72	0	2	15	0.162
11	81	80	80	76	1	4	15	0.162
12	75	74	74	71	1	3	15	0.181
13	71	80	80	76	1	4	25 15	0.196
14	66	66	66	63	0	3	15	0.171
15	72	72	72	68	0	4	15	0.178
16	70	71	71	67	1	4	15	0.239
17	75	76	76	72	1	4	15	0.250
18	70	69	69	65	1	4	15	0.252
19	69	68	68	65	1	3	15	0.217
20	73	74	74	70	1	4	15	0.250
21	80	80	80	75	0	5	15	0.243
22	76	76	76	72	0	4	15	0.251
23	74	73	73	69	1	4	15	0.209
24	79	79	79	74	0	5	15	0.223
25	72	72	72	67	0	5	15	0.264
26	75	74	74	70	1	4	15	0.304
27	73	72	72	68	1	4	15	0.264
28	83	84	84	79	1	5	25 15	0.240
29	72	72	72	67	0	5	15	0.235
30	67	67	67	63	0	4	15	0.253
31	68	70	70	66	2	4	15	0.211

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) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes: PSI = pounds per square inch	PRINTED NAME: <u>Charlie Andel</u>	
PSID = pounds per square inch difference (before filter - after filter)	SIGNATURE:	DATE: <u>6/1/23</u>
PSID When to Change Filter = Refer to manufacturer's specifications at what PSID to change the filter.	<u>541-633-9847</u>	<u>41-94114</u>
	PHONE #: ()	CERT #:

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

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/	0.6	66	39.6	15.2	7.2	14	Yes	
2/	0.6		39.6	14.6	7.3	21	Yes	
3/	0.8		52.8	15.6	7.2	15	Yes	
4/	0.8		52.8	14.8	7.3	22	Yes	
5/	1.0		66	12.7	7.3	22	Yes	
6/	0.8		52.8	13.1	7.5	22	Yes	
7/	0.8		52.8	13.2	7.3	22	Yes	
8/	0.6		39.6	13.6	7.4	21	Yes	
9/	0.8		52.8	12.1	7.6	26	Yes	
10/	0.8		52.8	14.2	7.5	22	Yes	
11/	1.2		79.2	13.3	7.6	28	Yes	
12/	1.0		66	13.1	7.6	27	Yes	
13/	0.8		52.8	13.7	7.6	26	Yes	
14/	0.8	66	52.8	14.2	7.5	22	Yes	
15/	0.8		52.8	14.9	7.5	22	Yes	
16/	0.6		39.6	16.1	7.4	14	Yes	
17/	0.6		39.6	16.9	7.5	14	Yes	
18/	1.0		66	17.3	7.5	15	Yes	
19/	1.0		66	17.9	7.5	15	Yes	
20/	0.8		52.8	18.3	7.5	15	Yes	
21/	0.6		39.6	17.7	7.5	14	Yes	
22/	0.6		39.6	16.8	7.5	14	Yes	
23/	0.4		39.6	17.3	7.5	14	Yes	
24/	0.6		39.6	17.1	7.5	14	Yes	
25/	0.8	66	52.8	16.9	7.6	18	Yes	
26/	0.8		52.8	17.4	7.6	18	Yes	
27/	0.6		39.6	16.8	7.7	17	Yes	
28/	0.4		26.4	17.5	7.6	17	Yes	
29/	0.4		26.4	14.9	7.7	25	Yes	
30/	0.6		39.6	15.2	7.7	17	Yes	
31/	0.6		39.6	16.0	7.8	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@dhs.ohs.state.or.us; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350