

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Jefferson

Cartridge or Bag Filtration

054 - Log

Month/Year: August 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	66	34	38	35	32	3	30 15	0.121
2	80	73	76	73	7	3	15	0.134
3	74	45	48	45	29	3	15	0.166
4	71	75	79	75	4	4	15	0.112
5	65	45	51	47	20	4	15	0.171
6	74	71	75	71	3	4	15	0.139
7	66	64	68	65	2	3	15	0.104
8	71	66	69	66	5	3	15	0.110
9	71	43	46	43	28	3	15	0.113
10	78	75	78	74	3	4	30 15	0.351
11	80	61	65	60	19	5	15	0.144
12	66	65	69	65	1	4	15	0.175
13	73	71	74	70	2	4	15	0.117
14	81	70	78	74	5	4	15	0.119
15	80	57	61	56	23	5	15	0.142
16	63	60	64	58	3	6	15	0.149
17	76	71	75	70	5	5	15	0.136
18	77	68	72	67	9	5	15	0.120
19	70	65	69	66	5	3	30 15	0.265
20	65	58	62	59	7	3	15	0.092
21	67	61	65	62	6	3	15	0.093
22	71	64	72	69	4	3	15	0.132
23	75	52	55	52	23	3	15	0.178
24	74	46	50	47	28	3	15	0.145
25	74	71	75	72	3	3	15	0.070
26	65	63	66	63	2	3	15	0.101
27	71	69	73	68	2	5	15	0.197
28	75	73	76	72	2	4	15	0.151
29	65	62	67	63	3	4	15	0.110
30	73	70	75	73	3	2	15	0.121
31	60	58	64	61	2	3	15	0.107

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: Charlie Anderson

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

SIGNATURE: *[Signature]*

DATE: 9/1/23

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

PHONE #: (541-633-9847)

CERT #: 41-94114

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: August 2023

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/	0.6	66	39.6	23.1	8.1	15	Yes	
2/	0.4		26.4	23.5	8.2	15	Yes	
3/	0.6		39.6	23.6	8.4	15	Yes	
4/	0.4		26.4	24.2	8.2	15	Yes	
5/	0.8		52.8	22.2	8.2	16	Yes	
6/	0.4		26.4	21.1	8.4	15	Yes	
7/	0.4		26.4	22.0	8.2	15	Yes	
8/	0.6		39.6	22.5	8.3	15	Yes	
9/	1.0		66	22.9	8.3	16	Yes	
10/	0.4		26.4	22.6	8.3	15	Yes	
11/	0.4	66	26.4	22.9	8.3	15	Yes	
12/	0.4		26.4	22.8	8.3	15	Yes	
13/	0.4		26.4	23.1	8.3	15	Yes	
14/	0.6		39.6	23.9	8.4	15	Yes	
15/	1.2		79.2	24.4	8.4	17	Yes	
16/	0.4		26.4	25.3	8.2	10	Yes	
17/	0.8		52.8	26.6	8.3	11	Yes	
18/	1.0		66	24.9	8.4	16	Yes	
19/	0.6		39.6	22.4	8.4	15	Yes	
20/	1.0		66	21.9	8.4	16	Yes	
21/	1.2	66	79.2	21.5	8.2	17	Yes	
22/	1.2		79.2	21.1	8.3	17	Yes	
23/	1.2		79.2	19.8	8.3	22	Yes	
24/	1.2		79.2	19.4	8.3	22	Yes	
25/	0.4		26.4	20.5	8.0	12	Yes	
26/	0.4		26.4	21.7	8.1	15	Yes	
27/	0.4		26.4	21.5	8.2	15	Yes	
28/	0.4		26.4	22.6	8.1	15	Yes	
29/	0.6		39.6	22.5	8.1	15	Yes	
30/	0.6		39.6	20.7	8.2	15	Yes	
31/	0.4		26.4	19.6	8.2	20	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 15th of following month by email fax or mail to: