

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Jefferson

Cartridge or Bag Filtration

C54 - Log

Month/Year: October 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	65	64	66	55	1	11	30	0.096
2	71	70	73	61	2	17	15	0.073
3	70	72	71	65	2	16	15	0.265
4	72	70	71	46	2	25	15	0.069
5	75	72	75	50	3	25	15	0.113
6	66	65	68	65	3	3	15	0.111
7	81	80	80	81	1	2	15	0.232
8	70	65	62	65	5	3	15	0.096
9	68	65	65	62	5	3	15	0.083
10	66	65	65	62	4	3	15	0.102
11	65	65	64	61	3	3	15	0.162
12	76	71	73	68	5	5	15	0.25
13	75	70	72	67	5	5	30	0.159
14	70	65	69	62	5	7	15	0.272
15	73	77	70	73	6	7	15	0.210
16	71	70	72	69	1	3	15	0.193
17	75	71	74	67	4	7	15	0.201
18	75	70	72	63	5	9	15	0.176
19	69	65	68	60	4	8	15	0.210
20	73	69	71	62	5	9	15	0.205
21	76	70	74	63	6	11	15	0.207
22	80	75	77	60	5	17	15	0.229
23	71	67	71	46	4	25	15	0.105
24	71	66	69	67	5	1	30	0.114
25	70	59	61	56	11	5	15	0.094
26	73	69	71	55	4	16	15	0.075
27	77	75	72	58	8	40	15	0.098
28	75	71	73	71	4	2	15	0.101
29	70	67	69	67	3	2	15	0.127 0.096
30	75	71	73	71	4	2	15	0.127
31	76	74	75	73	2	2	15	0.311

Cartridge & Bag Filtration

Monthly Summary (Answer Yes or No)

95% of daily turbidity readings \leq 1 NTU? Yes No

CT's met everyday? (see table)

All Cl₂ residual at entry point \geq 0.2 mg/l?All daily turbidity readings \leq 5 NTU? Yes No Yes No Yes No

Notes: PSI = pounds per square inch

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

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

PRINTED NAME: Charles Anderson

SIGNATURE: [Signature]

DATE: 10/1/23

PHONE #: 541-633-9417

CERT #: 94114

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

Cartridge or Bag Filtration OS 3-Log Month/Year: October 2013

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

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ¹	Contact Time (T)	Actual CT	Temp (C)	pH	Required CT	CT Met? ²	Peak Hourly Demand Flow (GPM)
	(ppm or mg/L)	(minutes)	CT	(C)		Use tables	Yes / No	
1/	0.8	66	52.8	13.7	7.8	26	Yes	
2/	0.6		39.6	14.3	7.7	24	Yes	
3/	0.8		52.8	15.1	7.8	18	Yes	
4/	1.2		79.2	15.0	7.7	19	Yes	
5/	0.8		52.8	15.7	7.7	12	Yes	
6/	0.6		39.6	16.5	7.7	17	Yes	
7/	0.6		39.6	15.4	7.7	17	Yes	
8/	0.6		39.6	16.1	7.8	17	Yes	
9/	0.4		26.4	16.8	7.7	12	Yes	
10/	0.6		39.6	17.1	7.7	17	Yes	
11/	0.4	66	26.4	16.1	7.8	17	Yes	
12/	1.0		66	15.3	7.8	18	Yes	
13/	0.6		39.6	14.5	7.7	26	Yes	
14/	0.4		26.4	13.8	7.7	25	Yes	
15/	0.6		39.6	13.6	7.8	26	Yes	
16/	0.4		26.4	14.3	7.6	25	Yes	
17/	0.6		39.6	14.6	7.7	26	Yes	
18/	1.0		66	15.0	7.7	18	Yes	
19/	0.8		46	16.3	7.7	18	Yes	
20/	1.2		79.2	16.9	7.7	19	Yes	
21/	1.0		66	15.4	7.8	18	Yes	
22/	1.0	66	66	14.6	7.8	27	Yes	
23/	0.6		39.6	15.3	7.7	17	Yes	
24/	0.6		39.6	14.9	7.7	24	Yes	
25/	0.4		26.4	14.1	7.6	25	Yes	
26/	0.8		52.8	14.4	7.6	26	Yes	
27/	0.8		52.8	13.9	7.8	26	Yes	
28/	1.0		66	13.1	7.8	27	Yes	
29/	0.6		39.6	12.4	7.8	26	Yes	
30/	0.8		52.8	16.8	7.8	26	Yes	
31/	0.8		52.8	16.1	7.8	26	Yes	

¹If Cl₂ at entry point = 0.2 mg/L, OR CT not met, notify DWS within 24 hours. ²Based August 2010 Download form at public.health.state.or.us/health/Environment/DrinkingWater/Monitoring/Documents/1-2-2-cartridge.pdf