

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

Cartridge or Bag Filtration *0.5µm - Log* Month/Year: *July 2024*

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	68	74	59	4	15	30	0.098
2	77	73	78	66	4	12	15	0.138
3	69	65	70	54	4	16	15	0.148
4	67	63	68	52	4	16	15	0.115
5	65	58	64	50	7	14	15	0.133
6	81	75	81	69	6	12	15	0.101
7	70	64	70	56	6	14	15	0.104
8	79	68	74	59	11	15	15	0.107
9	80	55	62	50	25	12	15	0.119
10	68	64	70	50	4	20	15	0.206
11	77	73	79	71	4	8	15	0.142
12	79	74	79	72	5	7	30	0.148
13	84	76	82	74	8	8	15	0.153
14	74	66	73	65	8	8	15	0.141
15	66	55	62	54	11	8	15	0.132
16	78	65	72	64	13	8	15	0.162
17	70	51	57	49	19	8	15	0.158
18	70	45	51	42	25	9	15	0.137
19	75	70	76	68	5	8	15	0.141
20	80	75	81	73	5	8	15	0.131
21	77	70	77	68	7	9	15	0.222
22	75	65	72	64	10	8	30	0.164
23	71	35	43	35	30 36	9	15	0.149
24	71	64	71	62	7	9	15	0.178
25	70	64	70	61	6	9	15	0.218
26	75	68	73	65	7	8	15	0.231
27	76	67	73	64	9	9	15	0.189
28	79	70	76	67	9	9	15	0.210
29	70	35	41	34	35	7	15	0.290
30	75	70	76	66	5	10	15	0.269
31	66	61	67	55	5	12	15	0.267

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: <i>Charles Anderson</i>	
PSID = pounds per square inch difference (before filter - after filter)		SIGNATURE: <i>[Signature]</i>	DATE: <i>8/1/24</i>
PSID When to Change Filter = Refer to manufacturer's specifications at what PSID to change the filter.		<i>541-633-9247</i>	<i>94114</i>
PHONE #: ()		CERT #:	

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** ~~1~~-Log

Month/Year: **July 2024**

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/	0.8	66	52.8	20	8.0	13	Yes	
2/	1.0		66	20	8.5	16	Yes	
3/	1.0		66	20	8.5	16	Yes	
4/	1.0		66	20	8.5	16	Yes	
5/	1.0		66	20	8.5	16	Yes	
6/	1.0		66	20	8.5	16	Yes	
7/	1.0		66	20	8.5	16	Yes	
8/	1.0		66	25	8.5	11	Yes	
9/	1.0		66	25	8.5	11	Yes	
10/	0.4		26.4	25	8.5	10	Yes	
11/	0.4		26.4	25	8.5	10	Yes	
12/	0.6	66	39.6	20	8.5	15	Yes	
13/	0.6		39.6	20	8.5	15	Yes	
14/	1.0		66	20	8.5	16	Yes	
15/	1.0		66	20	8.5	16	Yes	
16/	1.2		79.2	20	8.5	17	Yes	
17/	1.2		79.2	20	8.5	17	Yes	
18/	1.2		79.2	20	8.5	17	Yes	
19/	0.4		26.4	20	8.5	15	Yes	
20/	0.6		39.6	20	8.5	15	Yes	
21/	1.0		66	20	8.5	16	Yes	
22/	0.8		52.8	25	8.5	11	Yes	
23/	0.8		52.8	20	8.5	16	Yes	
24/	1.0	66	66	20	8.5	16	Yes	
25/	0.8		52.8	20	8.5	16	Yes	
26/	1.0		66	20	8.5	16	Yes	
27/	0.8		52.8	20	8.5	16	Yes	
28/	0.4		26.4	20	8.5	15	Yes	
29/	0.8		52.8	20	8.5	16	Yes	
30/	0.4		26.4	20	8.5	15	Yes	
31/	0.6		39.6	20	8.5	15	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