

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Jefferson

Cartridge or Bag Filtration *C54-Log*

Month/Year: *August 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	78	71	76	65	7	11	30 15	0.305
2	72	62	69	55	10	14	15	0.243
3	80	65	81	65	15	16	15	0.187
4	72	49	73	36	23	17	15	0.211
5	71	32	38	30	37	8	15	0.242
6	70	62	68	56	8	12	15	0.341
7	80	68	83	60	12	23	15	0.284
8	70	55	61	45	25	16	15	0.391
9	80	75	81	63	5	18	15	0.252
10	77	72	76	56	5	20	15	0.171
11	75	69	75	52	6	23	15	0.237
12	79	73	78	50	6	28	30 15	0.269
13	72	61	67	58	11	9	15	0.192
14	66	34	41	32	32	9	15	0.140
15	77	72	79	71	5	8	15	0.283
16	70	66	72	64	4	8	15	0.339
17	72	67	73	65	5	8	15	0.458
18	75	70	72	64	5	8	15	0.297
19	80	75	81	72	5	9	15	0.392
20	70	63	69	60	7	9	15	0.313
21	75	69	75	65	6	10	15	0.250
22	68	60	65	55	8	10	30 15	0.192
23	75	70	74	65	5	9	15	0.160
24	66	62	70	61	4	9	15	0.215
25	79	72	77	65	7	12	15	0.192
26	77	70	76	66	7	10	15	0.207
27	80	73	78	65	7	13	15	0.356
28	77	70	75	62	7	13	15	0.199
29	81	77	83	76	6	7	15	0.134
30	69	64	71	63	5	9	15	0.149
31	78	73	79	70	5	9	15	0.114

Cartridge & Bag Filtration

Monthly Summary (Answer Yes or No)

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

CT's met everyday? (see back)

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

PRINTED NAME: *Charlie Anshel*

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

SIGNATURE: *[Signature]*

DATE: *9/3/24*

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

PHONE #: *541-633-9847*

CERT #: *94114*

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 **05 S-Log** | Month/Year: **August 2024**

System Name: **Camp Tamarack** | ID#: **41 94114** | WTP ID: **J 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/	1.2	66	79.2	20	8.5	17	Yes	
2/	1.0		66	20	8.5	16	Yes	
3/	1.2		79.2	20	8.5	17	Yes	
4/	1.2		79.2	25	8.5	11	Yes	
5/	1.2		79.2	25	8.5	11	Yes	
6/	0.8		52.8	20	8.5	16	Yes	
7/	0.8		52.8	20	8.5	16	Yes	
8/	0.8		52.8	20	8.5	16	Yes	
9/	0.4		26.4	20	8.5	15	Yes	
10/	0.6		39.6	20	8.5	15	Yes	
11/	0.8		52.8	20	8.5	16	Yes	
12/	0.8		52.8	20	8.5	16	Yes	
13/	0.4	66	26.4	20	8.5	15	Yes	
14/	0.4		26.4	20	8.5	15	Yes	
15/	0.4		26.4	20	8.5	15	Yes	
16/	0.4		26.4	20	8.5	15	Yes	
17/	0.4		26.4	20	8.5	15	Yes	
18/	0.6		39.6	20	8.5	15	Yes	
19/	0.6		39.6	20	8.5	15	Yes	
20/	0.8		52.8	20	8.5	16	Yes	
21/	0.8		52.8	20	8.5	16	Yes	
22/	0.8		52.8	20	8.5	16	Yes	
23/	0.8		52.8	15	8.5	21	Yes	
24/	0.6		39.6	15	8.5	20	Yes	
25/	0.6	66	39.6	15	8.5	20	Yes	
26/	0.6		39.6	15	8.5	20	Yes	
27/	0.8		52.8	15	8.0	18	Yes	
28/	1.0		66	15	8.0	18	Yes	
29/	1.0		66	15	8.0	18	Yes	
30/	0.8		52.8	15	8.0	18	Yes	
31/	0.6		39.6	15	8.0	17	Yes	

² If Cl₂ at entry point < 0.2 mg/L, OR CT not met, notify DWS within 24 hours. Revised August 2018. Download form at: public.health.oregon.gov/healthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf