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

Cartridge or Bag Filtration | **1 - Log** | **Month/Year:**

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 Readi [NTU]
1	80	80	81	79	0	2	15	0.087
2	70	69	72	69	1	2	15	0.101
3	70	69	72	69	1	3	15	0.088
4	68	67	70	67	1	3	15	0.103
5	66	64	67	65	2	2	15	0.151
6	76	75	76	74	1	2	15	0.083
7	80	79	80	78	1	2	15	0.090
8	76	75	76	74	1	2	15	0.090
9	69	67	71	67	2	4	15	0.089
10	70	68	71	68	2	3	15	0.093
11	80	76	80	76	4	4	15	0.114
12	73	70	72	68	3	4	15	0.093
13	70	67	71	67	3	4	15	0.077
14	69	66	69	66	3	3	15	0.131
15	80	76	79	75	4	4	15	0.079
16	71	68	71	67	3	4	15	0.077
17	80	76	79	75	4	4	15	0.085
18	78	75	77	73	3	4	15	0.095
19	71	66	69	65	5	4	15	0.892
20	83	76	79	75	6	4	15	0.080
21	70	65	68	63	5	5	15	0.091
22	68	63	66	62	5	4	15	0.084
23	72	65	69	66	6	3	15	0.108
24	66	59	62	57	7	5	15	0.086
25	72	65	69	66	7	3	15	0.108
26	66	59	62	57	6	3	15	0.084
27	72	62	68	63	10	5	15	0.092
28	81	71	75	71	10	4	15	0.125
29	69	57	61	56	12	5	15	0.090
30	81	70	75	70	[illegible]11	6	15	0.090
31							15	

Cartridge & Bag Filtration

95% of daily turbidity readings ≤ 1 NTU? (Yes) / No

All daily turbidity readings ≤ 5 NTU? (Yes) / No

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
(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: Charlie Anderson

SIGNATURE: [signature]

DATE: 5/5/23

PHONE #: (541-633-9841)

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 ~~1~~ - Log | **Month/Year:** April 2025

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

Date / Time	Minimum Cl_2 Residual at 1st 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 /	1.1	66	66	9	8.5	33	yes	
2 /	1.0		66	9	8.0	33	yes	
3 /	1.2		79.2	10	8.0	23	yes	
4 /	1.1		92.4	5	8.0	38	yes	
5 /	1.0		52.8	10	7.5	22	yes	
6 /	0.8		66	10	7.5	23	yes	
7 /	0.8		52.8	10	7.5	22	yes	
8 /	0.8		79.2	10	7.5	23	yes	
9 /	1.0		66	10	8.0	27	yes	
10 /	0.8		66	10	8.0	27	yes	
11 /	1.2		66	10	8.0	27	yes	
12 /	1.0		79.2	10	8.0	28	yes	
13 /	1.0		79.2	10	8.0	28	yes	
14 /	1.2		66	10	8.0	27	yes	
15 /	1.0	66	79.2	10	8.0	28	yes	
16 /	1.2		92.4	10	8.0	28	yes	
17 /	1.2		79.2	10	8.0	28	yes	
18 /	1.0		66	10	8.0	27	yes	
19 /	1.0		66	10	8.0	27	yes	
20 /	1.2		39.6	15	8.0	17	yes	
21 /	1.0		39.6	10	8.0	26	yes	
22 /	0.8		39.6	10	8.0	26	yes	
23 /	0.8		66	10	8.0	27	yes	
24 /	0.8		39.6	10	8.0	26	yes	
25 /	1.2		66	10	8.0	27	yes	
26 /	1.0		66	10	8.0	27	yes	
27 /	1.2		39.6	10	8.0	26	yes	
28 /	1.2		39.6	10	8.0	26	yes	
29 /	1.0		79.2	10	8.0	28	yes	
30 /	1.0	66	79.2	10	8.0	28	yes	
31 /								

[2] If Cl_2 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: