

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Jefferson

Cartridge or Bag Filtration

Month/Year: June 2025

System Name: Camp Tamarack		ID#: 41 94144		WTP ID: TP- A	
Day	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]
1	67	63	4	30	0.109
2	67	63	4	30	0.240
3	68	62	6	30	0.084
4	68	63	5	30	0.091
5	66	62	4	30	0.072
6	67	62	5	30	0.119
7	68	62	6	30	0.163
8	69	62	7	30	0.159
9	69	62	7	30	0.077
10	70	63	7	30	0.117
11	70	63	7	30	0.221
12	72	65	7	30	0.082
13	82	72	10	30	0.085
14	82	73	9	30	0.108
15	81	72	9	30	0.095
16	72	59	13	30	0.084
17	72	57	15	30	0.119
18	66	50	16	30	0.101
19	79	61	18	30	0.073
20	61	41	20	30	0.072
21	81	80	1	30	0.087
22	77	76	1	30	0.089
23	75	74	1	30	0.077
24	80	79	1	30	0.102
25	67	66	1	30	0.082
26	66	64	2	30	0.063
27	70	68	2	30	0.070
28	74	71	3	30	0.081
29	77	74	3	30	0.067
30	69	66	3	30	0.069
31				30	

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 PSID = pounds per square inch difference (before filter - after filter) PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.		PRINTED NAME: <u>Charlie Anderson</u> SIGNATURE: <u>[Signature]</u> DATE: <u>7/1/25</u> PHONE #: <u>(541) 677-9917</u> CERT #: <u>94114</u>	

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in Daily Turbidity Reading column may not correspond to continuous readings' maximum.

OHA - Drinking Water Services - Surface Water Quality Data Form							WTP-: A	
System Name:	Camp Tamarack	ID#:	41	94144	Month/Year:	June/25	Disinfection Giardia Log Inactiv:	0.5
Date	Cl ₂ Residual (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]		tables	Yes / No	[GPM]
16 ^{am}	1.83	66	120.78	16.4	5.6	10	YES	
27 ³⁰	1.71	66	112.86	17.1	5.4	10	YES	
36 ^{am}	1.08	66	71.28	16.8	5.3	9	YES	
410 ^{am}	1.68	66	44.88	17.8	6.0	8	YES	
59 ^{am}	1.09	66	71.94	17.9	5.6	10	YES	
69 ³⁰	1.11	66	73.26	17.6	5.2	9	YES	
78 ^{am}	1.16	66	76.56	16.7	5.4	9	YES	
812:30 ^{pm}	1.21	66	79.86	18.9	6.2	11	YES	
910 ^{am}	1.28	66	84.48	18.5	6.2	11	YES	
1010 ^{am}	1.62	66	106.92	18.1	6.4	11	YES	
1110 ^{am}	1.78	66	51.48	18	6.9	13	YES	
127 ^{am}	1.3	66	85.8	17.6	6.4	13	YES	
136 ^{am}	1.56	66	102.96	18.2	6.1	11	YES	
146 ^{am}	1.43	66	94.38	18.1	6.2	11	YES	
156 ³⁰	1.2	66	79.2	17.4	6.1	11	YES	
168 ^{am}	1	66	66	17.1	5.5	9	YES	
17830 ^{am}	1.21	66	13.86	19.5	7	12	YES	
188 ^{am}	2.67	66	176.22	18.3	7.1	15	YES	
196 ^{am}	1.86	66	122.76	19.7	7.1	14	YES	
206 ^{am}	1.81	66	119.46	18.6	7.1	14	YES	
219 ^{am}	1.97	66	64.02	17.4	7.1	12	YES	
22830	1.03	66	67.98	19.5	7.2	13	YES	
2310 ^{am}	1.3	66	85.8	17.1	7.1	13	YES	
2410 ^{am}	1.85	66	56.1	18.5	7.0	12	YES	
2510 ^{am}	1.96	66	63.36	19.4	7.0	13	YES	
26630 ^{am}	1.82	66	54.12	19.2	7.0	12	YES	
27645	1.01	66	66.66	18.1	6.6	12	YES	
28630 ^{am}	1.04	66	68.64	17.0	6.5	12	YES	
29645 ^{am}	1.07	66	70.62	16.4	6.9	12	YES	
3010 ^{am}	1.12	66	73.92	20.9	7.1	9	YES	
31		66						

² If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Rev. April 18, 2025

Return by 10th of following month by email, fax, or mail to:

dwp.dmce@odhsos.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14450, Portland, OR 97293-0350