

OHA - Drinking Water Services - Surface Water Quality Data Form

County: SosBline

Cartridge or Bag Filtration

Month/Year: October/2024

System Name: Oregon Caves NM O&M ID#: 41 95706 WTP ID: TP-

Day	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the day ¹ [NTU]
1	40	20	20	10	0.039	N/A
2	40	19	21	10	0.036	
3	40	21	19	10	0.040	
4	40	22	18	10	0.040	
5	40	22	18	10	0.043	
6	40	22	18	10	0.047	
7	40	21	19	10	0.042	
8	40	20	20	10	0.039	
9	40	20	20	10	0.035	
10	40	20	20	10	0.026	
11	40	19	21	10	0.049	
12	40	19	21	10	0.038	
13	40	20	20	10	0.042	
14	40	20	20	10	0.043	
15	40	20	20	10	0.037	
16	40	19	21	10	0.041	
17	40	18	22	10	0.049	
18	40	24	16	10	0.052	
19	40	23	17	10	0.036	
20	40	22	18	10	0.040	
21	40	20	20	10	0.043	
22	40	20	20	10	0.025	
23	40	20	20	10	0.039	
24	40	20	20	10	0.045	
25	40	20	20	10	0.043	
26	40	21	19	10	0.059	
27	40	21	19	10	0.046	
28	40	20	20	10	0.060	
29	40	20	20	10	0.048	
30	40	19	21	10	0.052	
31	40	20	20	10	0.055	

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
 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: David John
 SIGNATURE: David John DATE: 11/12/24
 PHONE #: (541) 592-2100 ext 222 CERT #: D-09445

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: _____
 Disinfection Giardia Log Inactiv: _____

System Name: Oregon Caves NM O&M ID#: 4195706

Month/Year: Oct/2024

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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]		formula	Yes / No	[GPM]
1	1.06	305	323.3	12	7.8	28	yes	8.54
2	1.00	305	305.0	12	7.8	27	yes	0
3	1.10	305	335.5	12	7.8	28	yes	2.50
4	1.13	305	344.65	12	7.8	28	yes	4.16
5	1.17	305	356.85	12	7.8	28	yes	5.21
6	1.22	305	372.1	12	7.8	28	yes	5.21
7	1.40	305	427	12	7.8	28	yes	4.16
8	1.52	305	463.6	12	7.8	29	yes	5.83
9	1.47	305	448.35	12	7.8	29	yes	4.58
10	1.52	305	463.6	12	7.8	29	yes	8.33
11	1.62	305	494.1	12	7.8	30	yes	5.41
12	1.54	305	469.7	12	7.8	29	yes	12.30
13	1.47	305	448.35	12	7.8	29	yes	9.75
14	1.41	305	430.05	12	7.8	29	yes	11.46
15	1.39	305	423.45	12	7.8	28	Y	12.30
16	1.17	305	356.85	12	7.8	28	Y	10.21
17	1.05	305	320.25	12	7.8	28	Y	10.83
18	1.12	305	341.60	12	7.8	28	Y	3.96
19	1.15	305	350.75	12	7.8	28	Y	1.88
20	1.23	305	375.15	12	7.8	28	Y	5.21
21	1.27	305	387.35	12	7.8	28	Y	4.16
22	1.32	305	402.6	12	7.8	28	Y	7.08
23	1.45	305	442.25	12	7.8	29	Y	6.87
24	1.55	305	472.75	12	7.8	29	Y	4.58
25	1.66	305	506.3	12	7.8	30	Y	5.41
26	1.72	305	524.6	12	7.8	30	Y	5.62
27	1.34	305	408.7	12	7.8	28	Y	8.54
28	1.10	305	335.5	12	7.8	28	Y	7.71
29	1.20	305	366.0	12	7.8	28	Y	11.25
30	1.24	305	378.2	12	7.8	28	Y	10.21
31	1.14	305	362.45	12	7.8	28	Y	10.83

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

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

dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Revised July 2018

SOURCE NAME: LAKE CREEK
 MONTH: October YEAR: 2024
 TEST LOCATION CODES:
 1- Inp - Booth
 2- Outlet
 3- Water Fountain
 4- OCVE
 5- Chastain
 6- Inside horse

9.1 used
 214.500

ADDRESS: OREGON CAVES NATIONAL MONUMENT
 19000 CAVES HIGHWAY
 CAVE JUNCTION, OREGON 97523
 1-541-592-2100
 PSW ID#: 419 1998

DAY	INITIALS	CHLORINE		TIME	TEST LOCATION	B TANK CHLORINE ADDED	CHLORINE		METER READING	GAL USED	TURBIDITY		REMARKS
		RESIDUAL	4 SYS				Set	Res.			RAW	FINISHED	
1	SB	2.00	2	0900	2		4.5	2.00	53212300		0.152	0.045	Changed #1, 4, CIP 6.0-4.5
2	SB	1.80	2	0800	2		4.5	1.80	53218000	5800	0.160	0.042	
3	SB	1.72	2	0930	2		4.0	1.72	53213600	5500	0.167	0.040	CIP 4.5 → 4.0
4	SB	1.60	2	0830	2		4.0	1.60	53224300	5700	0.158	0.040	
5	SB	1.48	2	0900	2		4.0	1.48	53235500	6200	0.141	0.037	
6	SB	1.31	2	0930	2		4.0	1.31	53249000	5900	0.144	0.042	4.0 → 5.5
7	SB	1.24	2	1030	2		5.5	1.24	53247600	6200	0.146	0.034	Changed #2, CIP 5.5 → 6.5
8	SB	1.30	2	1000	2		5.5	1.30	53253400	5800	0.134	0.024	
9	SB	1.26	2	1000	2		5.5	1.26	53258500	6100	0.151	0.031	
10	SB	1.22	2	0945	2		6.5	1.22	53264800	4900	0.132	0.025	Changed #1, CIP 5.5 → 6.5
11	SB	1.25	2	0800	2		7.5	1.25	53268000	4600	0.145	0.035	Changed #3, CIP 6.5 → 7.5
12	SB	1.33	2	1245	2		8.0	1.33	53276600	7600	0.150	0.036	CIP 7.5 → 8.0, Changed #4
13	SB	1.42	2	1100	2		8.0	1.42	53282100	5500	0.142	0.038	
14	SB	1.51	2	1200	2		8.0	1.51	53288500	6400	0.134	0.040	
15	SB	1.62	2	0406	2		8.0	1.62	53293400	5400	0.157	0.043	
16	SB	1.69	2	0800	2		8.0	1.69	53297000	6800	0.188	0.045	
17	SB	1.83	2	1100	2		8.0	1.83	53306200	5400	0.201	0.049	
18	SB	2.11	2	0850	2		6.0	2.11	53313800	7200	0.235	0.051	Changed #2, #1 CIP 6.0-5.0
19	SB	1.44	2	1420	2		5.0	1.44	53321400	7600	0.143	0.045	
20	SB	1.84	2	1200	2		5.0	1.84	53329500	9100	0.167	0.041	
21	SB	1.57	2	0430	2		5.5	1.57	53337500	8000	0.144	0.038	Changed #3, 5.0 → 5.5
22	SB	1.42	2	1030	2		5.5	1.42	53346300	8800	0.141	0.038	Physician Fire, Pressure test
23	SB	1.37	2	1300	2		5.5	1.37	53356300	9000	0.152	0.032	
24	SB	1.24	2	1200	2		6.5	1.24	53374900	8600	0.144	0.028	Changed #1, 2, CIP 5.5 → 6.5
25	SB	1.21	2	1030	2		7.0	1.21	53381800	7400	0.125	0.025	CIP 6.5 → 7.0, Flu test @ 11/1/24
26	SB	1.17	2	1100	2		7.0	1.17	53388800	6000	0.133	0.036	
27	SB	1.23	2	1200	2		7.0	1.23	53395100	6300	0.131	0.035	
28	SB	1.21	2	0900	2		8.5	1.21	53402400	7100	0.158	0.042	Changed #1, 2, 3, CIP → 8.0
29	SB	1.14	2	0430	2		8.5	1.14	53418400	8800	0.149	0.040	
30	SB	1.18	2	0830	2		8.5	1.18	53418400	8500	0.132	0.035	
31	SB	1.20	2	1000	2		8.5	1.20	53425800	7400	0.138	0.037	