

# OHA - Drinking Water Services – Turbidity Monitoring Report Form

## Cartridge or Bag Filtration

County: LYNCOLE

Month/Year: \_\_\_\_\_

System Name: Alsea River RV Park

ID# 41 92043

WTP ID: \_\_\_\_\_

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1						
2					0.00	
3					0.00	
4					0.00	
5					0.00	
6					0.00	
7					0.00	
8					0.00	
9					0.00	
10					0.00	
11					0.00	
12					0.00	
13					0.00	
14					0.00	
15					0.00	
16					0.00	
17					0.00	
18					0.00	
19					0.00	
20					0.00	
21					0.00	
22					0.00	
23					0.00	
24					0.00	
25					0.00	
26					0.00	
27					0.00	
28					0.00	
29					0.00	
30					0.00	
31					0.00	

### Cartridge Filtration Monthly Summary

95% of daily turbidity readings ≤ 1 NTU?  
All daily turbidity readings ≤ 5 NTU?

☒ Yes / No  
☒ Yes / No

### Monthly Summary (Answer Yes or No)

CT's met everyday?  
(see back)  
Yes / No

All Cl<sub>2</sub> residual at entry point ≥ 0.2 mg/l?  
☒ Yes / No

Notes: PSI = pounds per square inch  
PSID = pounds per square inch difference (before filter – after filter)  
PSID When to Change Filter = Manufacturer's recommendation; may need to look in manual for manufacturer's specifications when to change the filter, at what PSID.

PRINTED NAME: NANCY JOHNSTON

SIGNATURE: Nancy Johnston

DATE: 6/10/23

PHONE #: (541) 563-3401

CERT #: \_\_\_\_\_

<sup>1</sup> Including continuous turbidity 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

System Name: Alsea River RV Park

ID# 41 92043

Month/Year: 5/23

WTP

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT Use tables	CT Met? <sup>2</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1 /	.41	104	43	17.7	5.6			
2 /	.38	104	40	17.0	5.6			
3 /	.37	104	39	16.1	5.7			
4 /	.45	104	47	15.9	5.9			
5 /	.49	104	51	15.9	5.9			
6 /	.57	104	60	15.9	5.9			
7 /	.60	104	63	16.0	5.9			
8 /	.59	104	62	15.8	5.9			
9 /	.66	104	69	16.1	5.9			
10 /	.75	104	81	16.0	5.8			
11 /	.69	104	72	16.1	5.9			
12 /	.66	104	69	15.8	5.9			
13 /	.71	104	74	15.9	6.0			
14 /	.67	104	70	16.2	6.0			
15 /	.62	104	65	16.5	6.0			
16 /	.60	104	63	17.4	6.0			
17 /	.50	104	52	17.0	6.1			
18 /	.48	104	50	16.7	6.0			
19 /	.39	104	41	16.6	6.1			
20 /	.41	104	43	15.9	6.0			
21 /	.39	104	41	15.9	5.9			
22 /	.38	104	40	16.0	5.8			
23 /	.43	104	45	15.9	6.0			
24 /	.45	104	47	15.9	6.1			
25 /	.45	104	47	15.8	5.9			
26 /	.47	104	49	16.1	5.9			
27 /	.49	104	51	16.0	6.0			
28 /	.49	104	51	16.0	5.9			
29 /	.51	104	53	16.2	5.8			
30 /	.50	104	52	15.9	5.9			
31 /	.50	104	52	16.1	5.9			

<sup>2</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours.

Revised November 2022

Download form at: [public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf](https://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)

Return by 10<sup>th</sup> of following month by email, fax or mail to:

[dwp.dmce@oha.oregon.gov](mailto:dwp.dmce@oha.oregon.gov); Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR