## OHA - Drinking Water Services - Surface Water Quality Data Form Cartridge or Bag Filtration

County: Month/Year: Lincoln Oct-23

System Name: Alsea River RV Park ID#: 41 92043 WTP ID: PSI Before PSI After PSID When to Daily Turbidity Day PSID Highest Reading of the day 1 [NTU] Filter Filter Change Filter Reading [NTU] 1 0.00 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 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 & Bag Filtration Monthly Summary (Answer Yes or No) All Cl2 residual at entry point ≥ 0.2 CT's met everyday? 95% of daily turbidity readings ≤ 1 NTU? Yes (see back) mg/l? All daily turbidity readings ≤ 5 NTÙ? Yes Yes Yes Notes: PSI = pounds per square inch PRINTED NAME: Nancy Johnston PSID = pounds per square inch difference (before filter - after filter) DATE: 11/10/2023 SIGNATURE: NWW X LAND ON PSID When to Change Filter = look in manual for manufacturer's )563-3401 CERT #: PHONE #: ( 541 specifications when to change the filter, at what PSID.

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 Disinfection

System Name:

Alsea River RV Park

ID#: 41 92043

Month/Year: 10/2023

Giardia Log Inactiv:

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	рН	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	СХТ	[° C]		formula	Yes / No	[GPM]
1	0.89	104	92.6	16.3	6.10	17.6	YES	
2	0.88	104	91.5	16.3	6.10	17.6	YES	
3	0.88	104	91.5	16.3	6.20	18.2	YES	
4	0.9	104	93.6	16.2	6.10	17.7	YES	
5	0.91	104	94.6	16.3	6.10	17.6	YES	
6	0.89	104	92.6	16.3	6.00	16.9	YES	
7	0.88	104	91.5	16.2	6.10	17.7	YES	
8	0.87	104	90.5	16.2	6.20	18.3	YES	
9	0.88	104	91.5	16.3	6.30	18.9	YES	
10	0.89	104	92.6	16.3	6.20	18.3	YES	
11	0.88	104	91.5	16.2	6.20	18.4	YES	
12	0.86	104	89.4	16.1	6.10	17.8	YES	
13	0.84	104	87.4	16.2	6.10	17.6	YES	
14	0.82	104	85.3	16.1	6.20	18.4	YES	
15	0.8	104	83.2	16.0	6.20	18.4	YES	
16	0.79	104	82.2	15.9	6.10	17.9	YES	
17	ø 0.79	104	82.2	16.0	6.10	17.7	YES	
18	0.77	104	80.1	15.9	6.10	17.8	YES	
19	0.75	104	78.0	15.7	6.10	18.0	YES	
20	0.74	104	77.0	15.7	6.00	17.3	YES	
21	0.75	104	78.0	15.8	6.10	17.9	YES	
22	0.73	104	75.9	15.8	6.20	18.5	YES	
23	0.75	104	78.0	15.8	6.20	18.6	YES	
24	0.75	104	78.0	15.6	6.20	18.8	YES	
25	0.73	104	75.9	15.7	6.10	18.0	YES	
26	0.71	104	73.8	15.6	6.10	18.1	YES	
27	0.73	104	75.9	15.5	6.20	18.9	YES	
28	0.73	104	75.9	15.6	6.10	18.1	YES	
29	0.74	104	77.0	15.4	6.00	17.7	YES	
30	0.72	104	74.9	15.5	6.00	17.5	YES	
31	0.72	104	74.9	15.5	6.00	17.5	YES	

<sup>2</sup> If CI2 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@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

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