

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Lincoln


Cartridge or Bag Filtration

Month/Year: 24-Mar

System Name: ALSEA RIVER RV PARK & MARINA ID#: 41 32043 WTP ID: TP- a

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					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					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 & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes	Yes /	Yes

<p><b>Notes: PSI = pounds per square inch</b></p> <p><b>PSID = pounds per square inch difference (before filter - after filter)</b></p> <p><b>PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.</b></p>	Nancy Johnston	
	SIGNATURE:	4/10/2024
	 5415633401	CERT #:

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

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<b>System Name:</b> .SEA RIVER RV PARK & MARI	<b>ID#:</b> 41	<b>92043</b>	<b>03/24</b>	<b>WTP- :</b>
				Disinfection <i>Giardia</i> Log Inactiv:
				1

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.86	104	89.4	13.6	6.50	24.4	YES	
2	0.85	104	88.4	13.7	6.50	24.2	YES	
3	0.85	104	88.4	13.7	6.50	24.2	YES	
4	0.86	104	89.4	13.7	6.50	24.3	YES	
5	0.87	104	90.5	13.7	6.40	23.4	YES	
6	0.86	104	89.4	13.8	6.50	24.1	YES	
7	0.85	104	88.4	13.7	6.50	24.2	YES	
8	0.85	104	88.4	13.7	6.50	24.2	YES	
9	0.84	104	87.4	13.8	6.40	23.2	YES	
10	0.85	104	88.4	13.8	6.40	23.2	YES	
11	0.84	104	87.4	13.8	6.40	23.2	YES	
12	0.85	104	88.4	13.7	6.40	23.4	YES	
13	0.85	104	88.4	13.7	6.40	23.4	YES	
14	0.87	104	90.5	13.7	6.40	23.4	YES	
15	0.86	104	89.4	13.6	6.30	22.7	YES	
16	0.86	104	89.4	13.7	6.30	22.5	YES	
17	0.85	104	88.4	13.7	6.40	23.4	YES	
18	0.85	104	88.4	13.8	6.40	23.2	YES	
19	0.84	104	87.4	13.8	6.40	23.2	YES	
20	0.83	104	86.3	13.8	6.50	24.0	YES	
21	0.84	104	87.4	13.9	6.50	23.9	YES	
22	0.84	104	87.4	13.9	6.50	23.9	YES	
23	0.82	104	85.3	13.9	6.50	23.8	YES	
24	0.82	104	85.3	13.9	6.50	23.8	YES	
25	0.83	104	86.3	13.9	6.50	23.9	YES	
26	0.82	104	85.3	13.9	6.50	23.8	YES	
27	0.81	104	84.2	13.9	6.50	23.8	YES	
28	0.82	104	85.3	13.9	6.50	23.8	YES	
29	0.8	104	83.2	14.1	6.50	23.5	YES	
30	0.8	104	83.2	14.1	6.50	23.5	YES	
31	0.8	104	83.2	14.1	6.50	23.5	YES	

<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

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