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

County: Lincoln
Month/Year: 24-Jun

em Name:	Alsea River RV Park & Marina			ID#: 41	92043 WTP ID: TP-			
Day	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter		Highest Reading of the day <sup>1</sup> [NTU]		
1					0.00			
2					0.00	4		
3					0.00			
4					0.00			
5					0.00			
6					0.00			
7					0.00			
8					0.00	/		
9				v	0.00			
10					0.00			
11					0.00			
12					0.00			
13					0.00			
14					0.00			
15		ξ.			0.00	8.75		
16					0.00			
17					0.00	,		
18	,	*			0.00			
19					0.00	<u></u>		
20		×			0.00			
21	· /				0.00	2		
22					0.00	<u> </u>		
23			04		0.00	1.		
24					0.00			
25					0.00	2		
26		*			0.00			
27					0.00			
28					0.00			
29					0.00			
30					0.00			
31								
`	Cartrido	ge & Bag Filtrat	Monthly Summary (Answer Yes or No)					
95%	of daily turbidity r		Yes	CT's met everyday? All Cl2 residual at entry point ≥ 0.2				
All	daily turbidity rea	dings ≤ 5 NTU?		Yes	Yes	mg/l? Yes		
	ınds per square							
= pounds p	er square inch o	difference (befo	re filter - afte	er filter)	Printed name: Nancy Johnston SIGNATURE: VALUE PATE: 7/9/24			
	nange Filter = loo hen to change th			rer's	PHONE #: ( 541 )563-3401 CERT #:			

ifications when to change the filter, at what PSID. PHONE #: ( 541 )563-3401

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## OHA - Drinking Water Services - Surface Water Quality Data Form

System Name: Alsea River RV Park & Marina

ID#: 41

92043

Month/Year: June / 24

Disinfection 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 Deman Flow
	[ppm or mg/L]	[minutes]	СХТ	[° C]		formula	Yes / No	[GPM]
1	0.77	104	80.1	14.7	6.20	20.1	YES	
2	0.76	104	79.0	14.6	6.20	20.2	YES	
3	0.76	104	79.0	14.5	6.10	19.6	YES	
4	0.75	104	78.0	14.6	6.20	20.2	YES	
5	0.77	104	80.1	14.6	6.20	20.2	YES	
6	0.78	104	81.1	14.5	6.20	20.4	YES	
7	0.78	104	81.1	14.5	6.10	19.6	YES	
8	0.77	104	80.1	14.7	6.10	19.3	YES	
9	0.79	104	82.2	14.7	6.10	19.4	YES	
10	0.77	104	80.1	14.6	6.00	18.7	YES	
11	0.77	104	80.1	14.7	6.10	19.3	YES	
12	0.76	104	79.0	14.6	6.20	20.2	YES	
13	0.75	104	78.0	14.5	6.20	20.3	YES	
14	0.75	104	78.0	14.5	6.20	20.3	YES	
15	0.76	104	79.0	14.4	6.10	19.7	YES	
16	0.76	104	79.0	14.5	6.10	19.6	YES	
17	0.77	104	80.1	14.5	6.10	19.6	YES	
18	0.77	104	80.1	14.6	6.00	18.7	YES	
19	0.76	104	79.0	14.5	6.00	18.9	YES	
20	0.78	104	81.1	14.5	5.90	18.2	YES	
21	0.78	104	81.1	14.4	6.00	19.0	YES	
22	0.78	104	81.1	14.4	6.00	19.0	YES	
23	0.76	104	79.0	14.4	6.00	19.0	YES	
24	0.75	104	78.0	14.4	6.10	19.7	YES	
25	0.76	104	79.0	14.3	6.10	19.8	YES	
26	0.8	104	83.2	14.5	6.00	18.9	YES	
27	0.8	104	83.2	14.4	6.00	19.1	YES	
28	0.8	104	83.2	14.4	5.90	18.4	YES	
29	0.82	104	85.3	14.3	5.90	18.5	YES	
30	0.82	104	85.3	14.3	5.90	18.5	YES	
31			-3:					

Revised November 2022

<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