

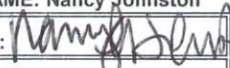
## OHA - Drinking Water Services - Surface Water Quality Data Form

County: Lincoln

## Cartridge or Bag Filtration

Month/Year: Jun-25

System 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	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						

<b>Cartridge &amp; Bag Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings $\leq$ 1 NTU?	Yes	CT's met everyday? (see back)	All Cl2 residual at entry point $\geq$ 0.2 mg/l?
All daily turbidity readings $\leq$ 5 NTU?	Yes	Yes	Yes
<b>Notes:</b> 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: Nancy Johnston SIGNATURE:  DATE: 07/10/2025 PHONE #: ( 541 ) 563-3401 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.

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

WTP: a

System Name: Alsea River RV Park &amp; Marina

ID#: 41

92043

Month/Year:

Jun-25

Disinfection  
Giardia 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	0.78	104	81.1	14.2	6.60	24.1	YES	
2	0.78	104	81.1	14.1	6.60	24.3	YES	
3	0.81	104	84.2	14.2	6.50	23.3	YES	
4	0.82	104	85.3	14.0	6.60	24.6	YES	
5	0.85	104	88.4	14.1	6.60	24.5	YES	
6	0.87	104	90.5	14.0	6.60	24.7	YES	
7	0.87	104	90.5	14.0	6.60	24.7	YES	
8	0.88	104	91.5	14.0	6.50	23.8	YES	
9	0.85	104	88.4	14.1	6.60	24.5	YES	
10	0.87	104	90.5	14.2	6.60	24.4	YES	
11	0.9	104	93.6	14.2	6.60	24.5	YES	
12	0.89	104	92.6	14.1	6.60	24.6	YES	
13	0.82	104	85.3	14.2	6.60	24.3	YES	
14	0.91	104	94.6	14.3	6.60	24.3	YES	
15	0.91	104	94.6	14.3	6.50	23.5	YES	
16	0.92	104	95.7	14.2	6.50	23.6	YES	
17	0.92	104	95.7	14.2	6.50	23.6	YES	
18	0.93	104	96.7	14.0	6.60	24.9	YES	
19	0.93	104	96.7	14.0	6.60	24.9	YES	
20	0.95	104	98.8	13.9	6.60	25.1	YES	
21	0.97	104	100.9	14.2	6.60	24.7	YES	
22	0.97	104	100.9	14.2	6.70	25.6	YES	
23	0.97	104	100.9	14.1	6.70	25.8	YES	
24	0.98	104	101.9	14.2	6.70	25.6	YES	
25	0.96	104	99.8	14.2	6.50	23.7	YES	
26	0.95	104	98.8	14.1	6.50	23.9	YES	
27	0.95	104	98.8	14.3	6.50	23.6	YES	
28	0.93	104	96.7	14.2	6.60	24.6	YES	
29	0.91	104	94.6	14.3	6.60	24.3	YES	
30	0.9	104	93.6	14.2	6.60	24.5	YES	
31								

<sup>2</sup> If Cl<sub>2</sub> 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:

Revised November 2022

dwp.dmc@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350